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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

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No. 38.

Faucial Region—(*Continued.*)—A slightly purulent secretion sometimes issues from the tonsillar recesses, requiring habitual efforts to dislodge on the part of the patient, as evinced by the frequent clearing of the throat. This same secretion may become more consistent and inspissated, until it blocks up the follicular depressions of the organs with a *cheese-like* material. These are sometimes dislodged in masses, which constitute very accurate casts of the follicles. Occasionally they are so impacted that escape is impossible, and the retained matter undergoing decomposition, imparts a very unpleasant odor to the breath. The removal of such can be effected by pressure exerted directly upon the tonsils. In all these chronic affections of the throat, involving the follicular apparatus, a peculiar odor emanates from the mouth, so different from that which proceeds from diseased teeth, that the experienced physician will never mistake it; and, while there are cases in which the constitution gives no very conclusive evidence of implication, yet, it is difficult not to believe that in all, there is behind the local manifestations, a constitutional vice, of which the former are only indications. This will appear still more probable, when it is considered that without general medication local applications yield very unsatisfactory results. At least such is my own experience. There are certain eruptive diseases which manifest a marked predilection for the fauces, such as syphilis, scarlatina, and variola; and which may exist in various degrees of intensity, from a very slight inflammation to that of ulceration and even mortification. In the last two, the secretions will be profuse, intermixed with dark blood-corpuscles, in consequence of a serious alteration in the constitution of the blood. No cases demand so imperatively the exhibition of stimuli and nutriment. The debility and prostration which has been alleged to result, in children especially, from the fetid secretions passing into the stomach has, probably, no foundation, though they may excite diarrhœa.

There are other inflammations of the fauces which are followed, or attended, by a membranous exudation, such as *aphthæ* and *diphtheria*. The first has been noticed in a former paper. The latter, prevailing to some extent in the city of Philadelphia, and in many parts of the country, during the present winter, invests the subject with no small interest. It is no new disease, as tolerably clear descriptions of it may be found among the writings of ancient medical authors. It is not my province to pronounce on its contagious or non-contagious nature. Its visible pathological features consist in redness and slight swelling of the fauces, involving the arches, soft palate, and tonsils; after which there appears upon the inflamed surface an exudation, the color of which may be dark white, gray, ashy, or yellow; the consistence of which differs greatly, from that of cheese to tough membrane. It may extend into the air passages and rapidly destroy life. Its detachment reveals a superficial excoriation, which, in cases of recovery, may leave a contracted or shriveled state of the parts. This is due to the superficial layer of cicatricial tissue which is produced, the contraction of which causes the appearance in question. In the same way we see cases in which the tears have been flowing for a time over the eyelid excoriate the skin of the cheek, leaving a very slight ulcera-

Fig. 34.

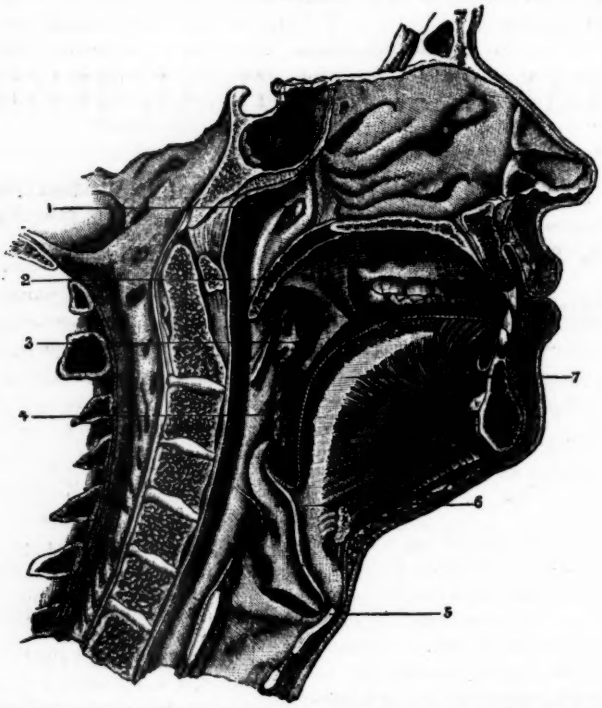

Fig. 34. Exhibits a vertical section through the base of the skull, nasal cavities, hard palate, soft palate, mouth, pharynx, part of the œsophagus, the larynx, and spinal column. The figures point out the following as the most important objects: 1. Orifice of Eustachian tube. 2. Soft palate and uvula divided. 3 Tonsil, with a palatine arch in front and behind. 4. Middle of pharynx, in front of which is the root of the tongue. 5. Ventricle of the larynx. 6. One half of the epiglottis cartilage, at root of tongue, connected to it by the frænum. 7. The tongue.

tion, and which, when healing, may contract to such an extent as to produce injurious deviation from the normal condition of the parts. That the source of all the phenomena of diphtheria is to be sought for in the condition of the nervous system and blood there can be but little doubt.

Malignant disease of the tonsils is very rare. Titillation of the fauces will excite strong expulsive efforts, and even vomiting. The nervous connections between the stomach and fauces, explanatory of this, are the branches of communication between the fifth pair and pneumogastric.

A knowledge of such sympathy may be used with great advantage in exciting expulsive acts to get rid of the faucial and pharyngeal accumulations of children laboring under anginose affections, and where the administration of emetics would be productive of harm, both by their irritating and depressing effects.

The extreme sensibility of the fauces will suggest the propriety of not touching any part of its walls when instruments are to be carried beyond. The ability on the part of the surgeon to educate this region to tolerate the contact of instruments is well known, and is regarded as a necessary preliminary measure where tedious operations are contemplated.

Pharyngeal Region.—Behind the fauces is situated a large sac, the pharynx. It rises up as high as the basilar process of the occipital bone, on a level with the superior part of the posterior nares, descends as low as the fifth piece in the cervicle division of the vertebral column. Posteriorly it rests against the bodies of the first five cervical vertebræ, and, anteriorly is bounded from above downward by the posterior nares, soft palate, fauces, and larynx.

The superior is the most expanded part; its size gradually diminishes to its termination, where it joins the œsophagus.

The most important communications with it are the Eustachian tubes, posterior nares, mouth and larynx, and œsophagus.

Structure.—The walls of the pharynx consist of muscles, aponeurosis, and mucous membrane, well supplied with blood-vessels and nerves.

At the root of the tongue stands the epiglottis, and connected to it by three folds of mucous membrane the "*glosso-epiglottidean*" folds. On either side of the middle one, which is termed the frænum epiglottidis, is a pouch of some depth. Immediately behind the epiglottis is the entrance to the larynx or *glottis*, which loops up with the pharynx. The form of its aperture corresponds to the shape of the epiglottis; the latter, when brought down upon it, answering as a lid.

The soft palate projects from its attachment to the posterior limit of the hard palate, not only downward, but backward toward the posterior wall of the pharynx, in this manner extending somewhat over the orfice of the larynx. Both the nasal cavities, and the mouth pass into the pharynx as inclined planes, rendering the portion opposite these openings narrower than either that above or below. The pharynx measures about four and a half to five inches in length; from side to side its diameter is greater than from before backward.

The Eustachian tubes open into the anterior and upper part of the pharynx, a short distance behind the outer wall of the middle nasal meatus.

Pharyngeal Muscles.—The muscles proper of the organ are called constrictors, and named from the relative attitudes, inferior, middle, and superior constrictors.

The *Inferior Constrictors* arise from the sides of the cricoid and thyroid cartilages; their fibres run upward and backward, and join in a posterior median line, the "*raphé.*" Many of the ascending fibres overlap the muscle next above.

The *Middle Constrictors* arise from the greater and lesser cornua of the hyoid bone and the stylo-hyoid ligaments. From these attachments their fibres diverge, some passing down to be overlapped by the upper portions of the inferior constrictors; others pass directly back, and others again up to overlap the superior constrictor, all of which are inserted into the posterior raphé.

Superior Constrictors arise from the lower part of the pterygoid process of the sphenoid bone, pterygo-maxillary ligament, and a small part of the posterior portion of the alveolar process of the inferior maxillary bone. They are inserted into the posterior raphé, and also the pharyngeal spine of the basilar process of the occipital bone. These superior attachments are deficient in muscular fibres, being effected principally by fibrous membranes.

Historical and Critical Observations on the Extirpation of Cystic Tumors of the Ovaries.

From the French of Dr. Jules Worms, (Gaz. Heb., No. 46, 1860.)

By O. D. Palmer, M. D.,
Of Zelienople, Pa.

(*Concluded from page* 530.)

Metallic sutures are most generally used. They are placed alternately, one superficial, and only including the skin; the other penetrating deeply into the wound, so as to enclose the aponeurosis of the muscles. M. Wells finds an advantage in piercing the peritoneum, even with the borders of the wound, in order to close this as completely as possible, and to hinder the pus about to be secreted from being introduced into the cavity of the abdomen.

The lower sutures pierce the extremity of the pedicle, which is thus very securely maintained at the surface of the abdomen. The dressings are made in different modes. Most surgeons apply strips of diachylon. M. Langenbeck enveloped his patients in wet bandages or cloths. M. Wells places merely a large cataplasm over the abdomen. This part of the treatment does not appear to have exerted much influence on the ultimate issue of the operation.

The same seems, however, not the case with the precautions to be taken after the operation. Formerly, surgeons sought to prevent peritonitis, the most eminent of dangers, by administering opium in large doses; but now they seem to fear the inconveniences resulting from the abuses of this drug much more than they rely upon its prophylactic virtues.

Opium is given only in such quantities as suffice to obtain constipation for a few days, and this is more frequently effected in the form of suppositories. Bits of ice are given to be sucked. If sinking should supervene, English surgeons make a very liberal use of wine or brandy, without apprehending that the excitement produced by these stimulants may provoke peritonitis. If the first days are passed

without accidents, a light diet is permitted. A mild injection is administered, as a laxative, towards the fifth day; the pins are removed about the eighth to the tenth day.

Cicatrization of the wound takes place very promptly in fortunate cases. Fifteen days to three weeks suffice, often, for its completion. Astonishment is usually expressed in witnessing with what rapidity women, operated upon, recover their health and strength, when they have traversed, without disaster, the first days that follow the terrible trial. A few weeks since, for example, I addressed a letter to an English lady, aged fifty-three, from whom I know that Dr. Wells had removed a multilocular cyst, very voluminous, Oct. 16, 1860.

The 22d November this lady informed me, in a detailed letter, of the principal circumstances connected with the history of her disease and the operation she had just undergone. She assures me that she is perfectly cured, and that she attends to all her domestic occupations. We can see in her a picture of what takes place in the successful cases. But when, on the contrary, grave accidents succeed the operation, but few hours are passed and we find ourselves face to face with a corpse.

The causes of danger, or of death, in a great majority of cases, are:

1st. The shock—the rapid sinking.

2d. Acute Peritonitis.

3d. Hemorrhage.

In the 131 fatal cases of ovariotomy, examined by Dr. J. Clay in reference to the causes of death, he found the termination had been effected in 64 cases by peritonitis, in 25 cases by collapse, in 24 by hemorrhage, 16 by long suppuration, and 2 by tetanus. In 10 other cases death was caused by affections not directly traceable to the operation.

In these 131 cases death has supervened in 25 cases during the first twenty-four hours after extirpation, in 32 cases during the second day, in 18 cases during the third, 10 during the fourth, 9 during the fifth, and 11 during the sixth. The period of the fatal issue in the 28 cases remaining, is distributed between the seventh day and the tenth week. In these 28 cases 19 reached from the seventh to the fifteenth day after the operation.

We are then authorized to say, generally, that the issue, whether it be fortunate or unfortunate, is promptly realized. In the study of the cases, it is seen that *sinking* occurs in the first hours, and this and hemorrhage are the causes of the most sudden deaths. The pulse sinks, the skin becomes cold, and death supervenes without any abdominal pains. Autopsy manifests no lesion.

Death by hemorrhage is that which the manner of securing the pedicle externally is best calculated to evade.

Acute peritonitis appears here, as always, with formidable violence. When it comes on with great pain, much tympanitis, repeated vomiting, a fatal issue is very near. The anatomical lesions do not offer anything peculiar in ovariotomy. (Vide case 6.)

There is more hope from remedial interference when, instead of that vehemence of symptoms announcing extensive peritonitis, the inflammation is circumscribed; many patients, threatened very seriously in this way, have recovered.

The adjoined case forms a very interesting example of a recovery under these circumstances.

Case 9.—Mademoiselle K., aged thirty-four years, recognized, four years since, the presence of a tumor in the abdomen, which has increased constantly since that period. Her general health has gradually declined. She was admitted under the service of M. Langenbeck, in the Charitè at Berlin, November 4, 1852.

The abdominal tumor, equalling in size a gravid uterus at term, was manifestly movable and fluctuating; it was decided to be an ovarian cyst, and the patient demanded expressly to be relieved of it.

The 5th November, 1852, having previously prepared the system by *Oleum Ricini*, M. Langenbeck proceeded to the extirpation of the tumor. He made an incision of two and a half inches along the *linea alba*. The tumor was laid bare to that extent, and punctured. There were discharged about 10 litres of yellowish serosity. A portion of the sac was drawn from the wound, and the remainder of the fluid discharged by incising the walls. Then the extraction was completed. The sac was retained by a thin, short pedicle. The wound was immediately closed from above, toward the inferior angle, in which was the pedicle, by four points of suture, not implicating the peritoneum; this done, the pedicle was pierced by the last stitch, which served the purpose of dividing it into two portions, and holding them; the ends of the threads were afterwards passed through the borders of the wound, answering at the same

time for the inferior suture, and as a means of fixing firmly the pedicle. Finally, this was seperated a little beyond the surface of the wound. The patient was then enveloped in a large piece of cloth wet with cold water. Abdominal pains, felt principally in the left iliac region, came on almost immediately after the narcotic action of the chloroform had passed away. The pains without being altogether continuous, became more and more intense. Patient ordered V. S. and morphia, in repeated doses. Great improvement, and slept till morning. Light abdominal pains reappeared the next day; her general state, however, was good. Morph. and enema of decoct. anthem. nob. During the following fifteen days there was constantly some tympanitis and dull pain. In the mean time the patient ate a little, slept, and the centre of the wound commenced to cicatrize. This was not the case with the superior and inferior portion. December 2, issue was given through the lower angle, to a large quantity of pus coming from the cavity of the abdomen itself. During the succeeding days a gum sound was introduced into the belly, to facilitate the discharge of pus. In the course of December this deep-seated suppuration had ceased. Pressure of the abdomen no longer caused a discharge of pus from the portion of the wound still open. Dec. 23, the patient got up for the first time, the wound being almost completely closed. On the 27th symptoms of intestinal obstruction occurred; the obstruction existing in the small intestines; there was vomiting, but not stercoraceous. Tobacco injections brought away masses of hardened fæces, and all of the unfavorable symptoms had disappeared by January 2d. The 8th the patient left completely cured. According to M. Simon, this woman was in good health and robust in 1858.

Tetanus has also been observed among the sequelæ of ovariotomy. Thus Dr. Humphrey, who has performed the operation three times, and had one recovery, has lost one by tetanus and one by hemorrhage. Tetanus attacked the patient on the 9th day after the operation, and whilst she was considered convalescent.

Dr. Spencer Wells, in twenty operations, has twice had to combat tetanus. One of these died, and the other was saved under circumstances so curious, that a brief report of the case will be justified, before I terminate these observations.

Case 10.—October 6, 1859, M. Spencer Wells performed ovariotomy on a woman of forty-one years. The operation was performed as in the preceding case; the tumor removed was a compound cyst; one of its cavities containing 7 litres of fluid, the solid mass weighing 27 pounds. The epiploic adhesions were the only resisting ones, and in separating them four vessels had to be tied. The pedicle was retained in the wound by means of the compressor. The patient was doing so well, after the operation, that nothing was required after the first few days but a few drops of laudanum and the application of a cataplasm to the wound. The latter united by the first intention, except the inferior portion, where the pedicle was maintained. The 14th day the patient could be placed on a sofa, only a portion of the surface of the pedicle suppurating at this time. The next day she suddenly experienced a sensation of constriction in the throat, and a difficulty in opening the mouth. The next day symptoms of tetanus, limited to the muscles of the jaw and nape of the neck, were evident. Respiration was still normal, but deglutition was impossible. The dental arches could not be unlocked.

Dr. Wells proposed to employ the *Curare* (Americanice, *Woorara*) to combat this affection. Two grains of the *Curare* were dissolved in an ounce of distilled water, and 30 drops of the solution applied to the suppurating pedicle still remaining in the wound. Far from being improved, the state of the patient became worse, she having many convulsive attacks. In the evening 20 drops of this solution were injected into the cellular tissue, in the region of the left maxillary angle. This operation was followed by a new attack of convulsions, attended with a suspension of respiration for some moments, but the affection diminished in intensity from the moment this attack had ceased. The next day her mouth could be opened; some stiffness of the jaws remained, however, for eight days, when it gradually and entirely disappeared. On the 19th, the wound was completely cicatrized, and the patient had wholly recovered from the attacks. This lady has continued very well since, and on November 2d, 1860, she was delivered of a child, at term, by Dr. Ridsdale. Nov. 21st, she had perfectly recovered from the effects of her confinement.

Are we to conclude, because some cases of tetanus following ovariotomy have been observed, that this operation specially predisposes to this terrible complication? The statistics

on this subject, rather scanty, can obviously afford no definite answer; yet, as this accident has twice occurred in the practice of one surgeon, limited to twenty cases of extirpation, we must reserve our opinion on this subject.

In summing up this rapid examination of the causes of death after extirpation, we find that the fatal issue is almost always determined by collapse, peritonitis, or by hemorrhage. We have already arrived at the knowledge of avoiding hemorrhage, and we have been able to acquire the conviction that peritonitis is not an infallible consequence, and, perhaps, we shall be able to discover the causes that originate this accident, and yet diminish thereby the dangers of the operation.

The object assigned to our task is attained; not that much more might not be added to what has already been said, without transcending the region of facts; nor that from another standpoint we might not have been able to view, with a very different train of ideas, the subject of ovariotomy, embracing, as it does, the most arduous problems of morality and of medical responsibility.

But I proposed to myself, at this time, the special object of recalling, that at our very doors, surgeons, well known, whose conduct we can trace and watch, have, whether right or wrong, made themselves liable to the charge of risking perilous operations, repugnant to our feelings; that they announce remarkable successes, the reality of which is easily confirmed, and who, in order to disarm suspicion, ever roused by the marvelous, have pledged their honor to scrupulously signalize their failures, and who, watched by attentive opponents, could not be disregardful of what they said without having been made the objects of a severe and public judgment; thus, we see that there exist at least valuable and serious reasons for research.

If my investigations have been imperfect, if, in spite of my earnest and sincere efforts, my confidence has been betrayed by a mirage, some others will be, perhaps, more skillful in arriving at absolute truth; but we may at least entertain the hope that persons will not deny, until they have examined.

If, on the contrary, an assiduous observance of facts shall overthrow suspicion, and establish the legitimacy of success, we may save, without doubt, some day, in our country, some lives by ovariotomy.

Thus far our author.

It now only remains for me to add the opinions of members of the French Academy of Medicine, referred to by Dr. Jules Worms, in his "Observations on Extirpations of the Ovary." (*Page* 333 *of the Translation in the* Reporter.)

M. Malgaigne—There has been much discussion in America, and in France, on the extirpation of ovarian cysts—an operation that appears to me too radical, and one of such a nature as to put women too completely beyond all control. For the statistics adduced we care nothing. We all know what statistics are worth, in which are collected all the successful cases, and not any of the reverses.

M. Cruveilheir—There is no curative treatment for multilocular cysts, as the only means that could cure is extirpation; and, though ovariotomy may have been, in some degree, inspired by the isolated cyst, and the complete integrity of the surrounding organs, and by the facility of the operative process, and though it may have been performed, many times, with success, in England and America, yet I cannot think this bold operation should be granted the "freedom of the city" in France. Success does not justify, always, foolhardy enterprise.

M. Huguier—In spite of statistics, we would reject extirpation absolutely.

M. Jobert—Extirpation is a dangerous operation that should rarely find application.

M. Velpeau—The extirpation of the diseased ovaries is a frightful operation, which ought to be proscribed, even if the cases announced were real.

M. Moreau—I think this operation should be ranged among the attributes of executors of great deeds.

M. Cazeau—Finally, is there nothing better to be done in these unfortunate cases than the abandonment of patients to certain death? I wish barely to touch on this question, for I know my answer will encounter within these walls but little sympathy, and, in order to justify it, I should be obliged to enter into explanations too lengthy. Yet, I am not willing to quit this tribune, without protesting against the species of anathema lanced by many against extirpation of the ovaries. Before proscribing an operation we should examine it, and we have not sufficiently examined this.

———o———

Anatomical Pun.—Why is the ulna sometimes called the "*funny bone?*"

Because it is so near the *humerus.*—*Vanity Fair.*

Cough and Expectoration: Their Importance as Symptoms of Pulmonary Tuberculosis, with Remarks on the Diagnostic Value of a Microscopic Examination of the Sputum.

By A. P. Dutcher, M. D.,

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Cough and expectoration are among the earliest symptoms of phthisis that attract the attention and awaken the fears of the patient or his friends. At first, it is generally slight, occasional, and dry. It occurs mostly upon the patient's getting out of bed in the morning, or if he makes any unusual exertion in the course of the day. It feels to him as if it was caused by irritation about the throat. Sometimes it will cease for a while in warm weather, and recur in cold. By degrees it begins to be troublesome at night, and attended with more or less expectoration, and, as the disease advances, it becomes one of the most painful and annoying symptoms connected with the malady; teasing the victim of consumption by day and disturbing his slumbers by night, he sometimes longs for death to terminate his sufferings.

In the earliest stage of the disease, the cough is either quite dry, or attended by a mere watery, or slightly viscid, frothy, and colorless fluid. This, on the approach of the second stage, gradually changes into the opaque, greenish sputum, intermixed with small lines or fine streaks of a yellow color. At this period, also, the expectoration is sometimes intermixed with small specks of a dead white or slight yellow color, varying from the size of a pin's head to that of a grain of rice, and which have been compared by some writers to that grain when boiled.

After the complete evacuation of a tubercular cavity, the expectoration assumes various forms of purulence; but it frequently presents a particular character, which is almost invariably pathognomonic of phthisis. The expectoration, to which I allude, consists of a series of globular masses, of a whitish color, with a ragged, woolly surface, and somewhat like little rolled balls of cotton or wool. These commonly, but not always, sink in water. At other times in the cases in which these globular masses are observed, and also in those in which they have not appeared, the expectoration presents the common characters of the pus of an abscess, constituting a uniform, smooth, coherent, or diffluent mass, of a greenish or rather grayish color, with an occasional streak of red, and shortly before the final termination of the disease, it is often surrounded by a pinkish halo; and, indeed, death always follows in a very few days when the sputa assume this color.

As to the quantity of expectoration, very much will depend upon the stage of the disorder and the progress it has made. In the first stage, as we have already observed, it is absent or quite scanty, but as the disease advances, it becomes more copious. If the vomicæ are small, and the bronchial membrane and glands not much affected, it will be scanty, but if they are large and numerous it will be more abundant. When it is very copious it becomes a very serious drain upon the system, and soon exhausts the vital forces, and no doubt tends greatly to keep up that state of the system upon which the malady depends.

The following table, compiled from Dr. Thompson's Lectures on Consumption, shows the age of the patient, daily quantity, and character of the expectoration, in nineteen cases of confirmed phthisis:

No.	Age.	Daily quantity.	Character.	Stage.
1	29	4 ounces.	Purulent, frothy.	2
2	46	4 "	Mucous, frothy.	1
3	46	4 "	Mucous, frothy.	1
4	32	10 drachms.	Purulent.	3
5	17	2 "	Purulent.	2
6	33	1½ ounces.	Muco-purulent.	2
7	16	None.	None.	3
8	18	None.	None.	1
9	21	3 drachms.	Purulent.	3
10	21	½ ounce.	Mucous, frothy.	1
11	29	1 "	Frothy.	1
12	25	4 "	Muco-purulent.	2
13	27	4 "	Muco-purulent.	3
14	13	4 "	Floculent.	3
15	18	1½ drachs.	Mucous.	1
16	29	1½ ounce.	Frothy.	1
17	29	2 ounces.	Purulent.	3
18	20	None.	None.	3
19	34	3 ounces.	Purulent.	3

By the above table it will be seen that it is only in the third stage of phthisis that we have the purulent expectoration, and this is generally regarded as indicative of vomicæ. Hence, some writers in treating of this malady, have made it a very nice point in their diagnosis to distinguish between mucous and purulent expectoration. The records of medicine abound with pus-tests, which, at the present time, are of little value, except as showing the slender foundation upon which they were based. They

were formed for the most part on the chemical relation of the pus corpuscles toward various reagents. But the microscope has rendered all the chemical tests superfluous. It enables us not only to distinguish pus from mucus, broken epithelium, blood, etc., but likewise to determine the amount of these different substances which chemical analysis has never succeeded in doing.

Let us, therefore, take a brief view of these two fluids, and see if we can gather anything from them that will help us any in making out our diagnosis as to the existence of the disease and its progress.

Pus, when pure, appears to the naked eye as a creamy, thick, and homogeneous fluid, communicating an unctuous feeling when rubbed between the fingers; is of a yellowish tint, sweetish or insipid to the taste, and while warm gives off a peculiar, mawkish smell. Its specific gravity is 1.030 to 1.033. If allowed to stand sometime in a tall, narrow glass vessel, the fluid separates into a thick sediment, more or less abundant, and a supernatant serum. This, according to Vogel, is identical with the serum of the blood, containing much albumen, extractive, saline matter, and fat. The reaction is alkaline, but it readily becomes acid, from the generation of an acid which is commonly supposed to be lactic. In some cases it is said to have an acid reaction even at the time of its formation.

This sediment consists almost entirely of small organized corpuscles, the well-known PUS-GLOBULES. These are of a spherical form, have a well-defined contour, formed by a distinct homogeneous envelope, inclosing a mass of soft, granulous substance, and a varying number of nuclear corpuscles. They are in well-formed pus-globules for the most part concealed by the surrounding substance; but in the younger cells of healthy pus, and in all those of pus of an inferior kind, they are very perceptible. Occasionally a single nucleus exists, but more commonly it is made up of two, three, or more large granules.

The single nuclei are always the largest, and indicate the most perfect kind of development. The more numerous the nuclear corpuscles, the less perfect the development. The nucleus is generally seated on the envelope. Its diameter is about 1-6000 of an inch; that of the entire globule about 1-3000. Single as well as compound nuclei are seen floating in the serum of pus, but they are not very numerous. There is generally a small quantity of diffused granular matter mingled with pus-globules. This is more abundant in pus of a low development. It must not, however, be confounded with the elementary granules, which are originally discrete, and, consequently grouping together, constitute the nuclei.

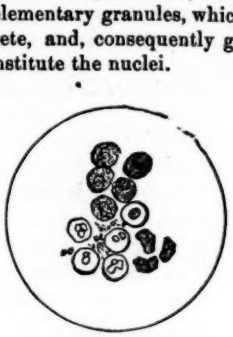

Fig. 1. Pus-Globules.

The formation of the pus-globules does not appear to take place in one uniform manner. The nucleus is generally stated to be formed by the grouping together of the granules, which appear in a fluid blastema. Around this there may be formed, first the envelope, closely embracing the composite mass, so as only to be brought in view by the endosmotic action of water, or a granulous deposit formed around the nucleus, which afterward becomes limited and inclosed by a cell-wall.

Mucus may be looked upon as consisting, like pus, of a fluid, the *liquor muci*, and *corpuscles*. The liquor muci, as we find it in the secretions of a membrane which has been subject to moderate irritation, is a transparent, tenacious, more or less stringy fluid, of alkaline reaction, and more or less saline in taste. The addition of acetic acid, or any other weak acid, produces a kind of coagulation, and the formation of a granular precipitate, which is the MUCINE, the principal constituent of the fluid. This is held in solution by an alkali, and consequently falls when the latter is taken up by an acid. Not much is known of this substance, except that it is a protein compound. The proper corpuscles of mucus are said, by some writers, to be identical with those of pus. But they are not, except in specimens of a very morbid character. Healthy mucus, as it is seen under the microscope, is composed of epithelial cells — flat, irregular, fine-sided, and with central nucleus; with numerous granular masses, and a few spherical bodies, very much like pus corpuscles, except that they contain much fewer oil globules, and these are suspended in a viscid, ductile

fluid. Under inflammation there is an increased exudation of albuminous liquid; the epithelium cells are, perhaps, shed more quickly before they have been flattened out; the quantity of globules is greatly increased, and they acquire a character which resembles very much the pus-cells, but are easily distinguished from them by their irregular form, as illustrated in figure 2.

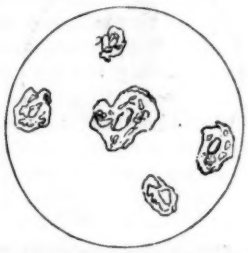

Fig. 2. Mucous and Epithelial Cells.

As to the origin of pus and mucus, pathologists all agree in the opinion that they are both exudations; but the one is poured out directly from the blood-vessels, as an albumino-fibrous blastema, in which special corpuscles (the pus-cells) are formed; the other transudes not only through the capillary walls but through the basement membrane of mucous surfaces, with more or less of the attached epithelium, and in so doing experiences a peculiar modification, which remains impressed upon it, while the corpuscles mingled with it are the natural cell-growth of the surface, or such as form naturally in blastemata, that are destined to become effete.*

But I think I hear some one ask, "Is there any particular appearance of pus, as observed by the microscope, which is pathognomonic of pulmonary tuberculosis? We think there is. And in making this answer, I am fully aware of the fact that some of our most scientific physicians have pronounced to the contrary. Read what Dr. T. Thompson says, in his Lectures on Consumption, in relation to this subject: "In the way of diagnosis, as derived from the sputa, I fear you will not find the microscope aid you much. Now and then the presence in the expectoration, of fragments of bronchial tubes or pulmonary structure, may furnish evidence of disorganization. I could, indeed, give you an instance in which the existence of advanced phthisis was thus detected, on the examination of a drop of expectoration sent from a distance, and microscopically examined, but at the advanced stage of the disease; other conclusive signs are usually present, and yet the microscopical testimony may prove insufficient."

In seeking for evidence of tubercular disease in the sputa, microscopists have sought for the uncommon products, which are but rarely found; such as brochial tubes, areolar and elastic tissue, and crude tubercular matter. (See Fig. 3.)

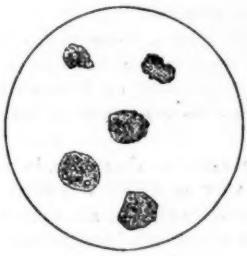

Fig. 3. Tubercular Matter.

In this we think they have erred. If they had confined themselves more particularly to the study of the common constituents of purulent matter, they would have discovered some things at least that would be of use in determining the state of the pulmonary organs.

The chief characteristic of tubercular pus consists in the presence of withered pus-cells. Whenever these are found in the sputa, we may infer the existence of disorganizing disease. As a general thing, they are much smaller than the ordinary pus-cell. Their nuclei, under a magnifying power of 450 diameters, look shriveled, and the cell-wall shrunken, and not very clearly defined in outline. In figure 4, they are imperfectly illustrated. The preparation was made from the sputa of a young woman in the second stage of phthisis. (Fig. 4.)

Fig. 4. Withered Pus-Cells.

*See Vogel's Pathology, American Ed., page 135.

In simple bronchitis or pneumonia, I have never yet found these cells in the sputa. In pneumonia they always assume the appearance of the healthy pus-cell, and it will only be in some very rare case that you will see the withered cell, when it is not associated with tuberculosis. The grade of inflammation must be very destructive, and the patient's vital powers very feeble, if they are found at all in the expectoration. In bronchitis I never saw them but once, and this was in an old lady of very feeble health; she had had the disease for three years, and I have not the least doubt, if an examination of the chest had been instituted after death, tubercular disease would have been found associated with the bronchial, although there was no evidence of the kind, during life, from either percussion or auscultation.

Let the sputum, therefore, in all doubtful cases be very carefully examined, let every thing in relation to it be carefully noted, and it will aid us very much in making out our diagnosis. I will relate one case, wherein I was much assisted by the use of the microscope, and a knowledge of the facts just described.

May 2, 1857. Mrs. A., aged 27, called this morning, at my office, for advice. Has been married five years, and has had two children. Her temperament is nervo-sanguineous. Height five feet six inches, and weight 125. Has always had good health until four weeks since, when she took cold, and was confined to the house for five days, since which she has suffered from an annoying cough, accompanied by considerable expectoration. Pulse 85; respiration 18. Mouth and throat healthy. Thompson's gingival margin not present on the gums. No fever; appetite good; bowels regular; menses regular and abundant. Rests well at night, with the exception of occasional spells of coughing. Complains of weakness on rising in the morning, but is able to attend to her usual household duties. Her general symptoms do not indicate any serious organic disease; there is no apparent emaciation, and her mind is hopeful and contented. Her chest is full and capacious, and the expansion of the two sides are equal. On percussion no dullness is elicited, and auscultation reveals nothing abnormal; the respiratory murmurs are distinct and clear, and no increase of the vocal resonance. Along the track of the upper bronchia there is slight vibration, accompanied with mucous rhonchi. From these indications the disease was set down as simple bronchitis, and she was ordered to use croton oil as a counter-irritant to the chest, and take a teaspoonfull of the following three times a day:

℞. Morph. sulph., gr. i.
Sp. nit. dulc. f. ℥ ss.
Syrup. scillæ com. f. ℥ jss. M.

May 12. Patient called again. Cough no better. Complains of being weaker, and does not rest so well at night. Percussion and auscultation elicited nothing new. She was directed to continue the treatment, and forward all matter expectorated during the next twenty-four hours.

May 14. Received matter as directed above. Quantity, by measurement in graduating glass, 3½ ounces. In appearance it was muco-purulent, slightly viscid and frothy; in color, a faint yellow. When examined with the microscope, it exhibited the ordinary products of muco-purulent matter, interspersed with quite a number of withered pus-corpuscles, and shriveled nuclei, without scarcely a vestige of a cell-wall. They are imperfectly illustrated in fig. 4—a. a. a.

From this appearance of the sputa we were led to change our views of her case. The bronchial trouble was evidently complicated with tuberculosis. She was, therefore, placed upon the use of iodide of potassium and cod-liver oil, with a generous diet. Under this treatment she gradually improved, and by the first of July she had regained her usual health. I examined the expectoration frequently during the time she was under my care, and I found, as she gradually became better, these withered pus-globules and shriveled nuclei became less numerous, until not one was to be found. When they were no longer to be discovered the expectoration and cough soon ceased.

April 1, 1858. I was called again this day to see Mrs. A. She informed me that she had enjoyed good health during the winter. About the first of March she took cold, and has been coughing and expectorating very freely ever since. The symptoms differ but little from those described on the 2d of May, 1857. The sputum exhibits the same microscopic appearance, with the exception that the withered pus-cells are more numerous. Cod liver oil, etc., were prescribed as on the former attack, and attended with the same beneficial effect.

Her health now remained good until the first of March, 1860, when it commenced gradually to decline. Her disorder now assumed

a more decided tubercular character, and in six months terminated her life. Her malady was evidently tubercular from the beginning, although the general symptoms and signs were not pronounced.

The case of Mrs. A. may be regarded as an exception to those commonly met with in practice, where, from the absence of the general symptoms and signs, the existence of tubercular disease could not have been made out; but by the aid of the microscope, we had, at least, a probable clue to her malady.

But some may say that these withered pus-cells cannot be characteristic of tubercular pus, because they are frequently exuded from supurating cavities in other parts of the body. Admitting this, which is the fact, yet it does not invalidate the importance of our chief position, that their appearance in the sputum is strong evidence of tubercular disease in the lungs.

Perhaps it would not always be safe to say that the lungs are free from tubercular deposits, so long as there are no withered pus-cells in the sputum. But we will venture the assertion, without the fear of contradiction, that they will seldom be found in the expectoration of any other disease of the lungs or bronchia, and we may always infer the existence of vomicæ when they are found in the sputum; and their disappearance, under treatment, is a good omen. I could mention several cases to corroborate these assertions, but this would extend an article beyond the prescribed limits.

We hope that those who have the time and opportunity will examine this subject more in extenso, and give us the results of their observations. I am aware that the subject is beset with many difficulties; but they are not insurmountable. And if we adopt the motto of the ambitious Cæsar, we cannot fail to succeed:

"Veni, Vidi, Vici."

—o—

Homœopathic College.—The Hahnemann Medical College, of Chicago, has closed, for want of support. The concern matriculated three students, on credit. Hahnemann thought the smaller the dose, the better the result, a statement singularly verified in this instance.—*Columbus Review.*

Climate of Pekin.—Sir John Herschel states that in the climate of Pekin the winters are, on an average, ten degrees colder, and the summers nineteen degrees warmer, than in London. The annual amount of rain is about one-twelfth greater. The temperature of solar exposure is, of course, very great in summer.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

MEDICAL DEPARTMENT.

Service of Dr. Gerhard.

(*January 19th.*)

PLEURISY—CLINICAL RELATION TO PHTHISIS.

A man, 34 years of age, entered the hospital suffering from pleurisy in his left side; the pleuritis was soon transferred to the right side, constituting a case of double pleurisy. The usual symptoms, as pain, dullness on percussion, friction sounds, etc., were present.

In presenting the case before the class, Dr. Gerhard took occasion to make some remarks on the clinical relation between pleurisy and phthisis.

In these cases of double pleurisy there is a tendency to the subsequent development of tubercles, even more than in ordinary pleurisy; and it should be borne in mind that every case of pleurisy creates a tendency to the development of phthisis, particularly if there is any hereditary or other predisposition.

Pleurisy is often but the first sign of tuberculous disease, and, sometimes, seems to produce it. While double pleurisy is more apt to be followed by tuberculosis, we find that in tuberculous patients, when attacked with pleurisy, there is a tendency to the development of the disease on both sides.

In common tuberculous pleurisy, tubercles already exist in the lungs, and the pleurisy is entirely secondary.

Bleeding diminishes the strength of a patient, and if there is any tendency to tuberculosis, it may break the patient down, and, therefore, it must only be resorted to when absolutely necessary.

The best treatment, in these cases, is either small portions ($\frac{1}{8}$ or $\frac{1}{6}$ gr.) of tartar emetic, every two or three hours, or ipecacuanha, which latter is preferable, in doses of $\frac{1}{2}$ gr. every two or three hours, so as to produce slight nausea. In some cases opium is required.

During the last few days the patient has been taking $2\frac{1}{2}$ grs. of pulv. Doveri at a dose, 4 times daily; with this may be incorporated an extra grain of ipecacuanha, so as to produce some amount of nausea.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

(*January 26th.*)

TWO CASES OF FRACTURE OF THE CONDYLES OF THE HUMERUS.

Case 1.—A man received a violent injury, fracture, and contusion of the elbow-joint, a little over two weeks before, by being thrown out of a wagon. As the contusion was so great as to destroy the vitality of the part, it is necessary to avoid officious interference. There is a deep line of ecchymosis extending down the arm to the palm of the hand.

In an injury about the elbow-joint, or at the upper part of the arm, followed by ecchymosis or effusion of blood into the cellular tissue, extending down, partly by gravitation and partly by the action of the muscles, into the palm of the hand, you may know that some bone has been broken, because the blood cannot burrow down unless it gets underneath the deep fascia of the arm, between the deep-seated and the flexor muscles.

A dislocated bone is accompanied by a laceration of the ligaments, usually nothing more, and does not give rise to much effusion of blood; but if the bone be broken near its head, where it is very vascular, a large quantity of blood is usually poured out.

The bone has been put in its place, and an angular splint applied.

Sometimes, in these cases, the injury to the joint is such that anchylosis is unavoidable, and, in view of this probable result, it is always prudent to confine the limb in splints, of such an angle that if the case should result in anchylosis, the joint shall become fixed in that particular position best calculated to allow of the greatest use of the limb.

In this case a slough has opened through the skin, through the superficial and the deep fascia down to the bone, which was fractured at the condyle; the finger can be brought directly in contact with the bone through this opening; but it is not bared at this point, though it is at others.

A counter-opening was made in the limb so as to allow the matter to have exit at the lower part.

The surface of the wound has been dressed with a poultice for some days. It will now be covered with the ointment employed in the London hospitals.

A little piece of charpie or lint being smeared with the ointment and laid over the part, the poultice will be put around this, the arm being supported in an angular splint, with the forearm placed in the middle position, between pronation and supination.

There is a sinuous tract in the wound. This should be treated by some caustic, such as chloride of zinc; often by merely touching the orifice a healthy action will be set up along the whole tract of the sinus. Meanwhile the health of the patient should be sustained in every possible way with beef tea, milk punch, wine whey, keeping the bowels regular, but without resorting to much medicine. At the same time the patient takes quinine and iron.

In similar accidents of the knee-joint, with an opening in the back or on the side, the limb should be placed in a fracture-box and covered with bran, so as to shut out completely the air from that cavity; it is sometimes advantageous to do this in injuries of the arm. The bran absorbs the matter as it is discharged from the wound, and as it coagulates it can be removed and taken away by the hand or with a spoon, and fresh bran be substituted for it, thus changing it as it becomes offensive; in very many cases this is absolutely the best dressing which can be employed. It is the best whenever there is a hope of a cure in cases of laceration, without the necessity of an amputation.

Case 2.—This is a man who was thrown down in a scuffle while being ejected from one of our cars, and he was struck on his elbow. When he came into the house, the day before yesterday, the olecranon process of the ulna stood out far back. It could be distinctly observed that the inner condyle of the humerus was broken, and there was reason to fear that the upper end of the radius was also broken near the head. Such was the tumefaction and contusion of the parts, already presenting an appearance as if disposed to go into erysipelatous inflammation, that no attempt was made to reduce the dislocation, or to go very far into an examination of the extent of the injury. A number of leeches were placed over the part, and it was covered with strong lotions of lead water and laudanum.

He was given internally a diaphoretic and anodyne draught.

Yesterday the reduction was made. There is great puffing and tumidity of the parts from effusion of serum.

The inner condyle is broken off, and probably the fracture has extended between the condyles to the outer.

The treatment has consisted in putting the limb at rest in an angular splint, as in the other case. The head of the radius, which crepitates, when moved, is not broken off; the crepitation arose from the fractured end of the condyle, which, from its attachment with the head of the radius, was moved with it when the forearm was turned; and, probably, it arose also in part from the inflamed cellular tissue around the parts.

Dr. Pancoast never puts a splint on the front part of the arm. Care should be taken always to keep the thumb look upward, as some ultimate deformity is apt to be left in the joint.

Dress the arm with a single splint, so that the sedative lotion can the better be applied. Put the limb to rest, and confine the patient positively to his bed.

NOVEL PLASTIC OPERATION ON THE FACE, TO REMOVE EFFECTS OF MUSCULAR CONTRACTION IN PARTS OPERATED ON EIGHT YEARS PREVIOUSLY, TO RESTORE PARTS DESTROYED IN CONSEQUENCE OF THE ABUSE OF MERCURY.

The patient is a lady 32 years of age. When eight years of age, she lost the whole of the integuments of the cheek, on the left side, in consequence of excessive use of mercury. A large portion of the lips and gums was destroyed, and anchylosis of the jaw produced.

Eight years ago Dr. Pancoast operated on her face, assisted by the late Prof. Mütter. He divided the masseter muscle upon both sides of the mouth; separated the jaws and rendered them moveable. So immense was the breach, that two flaps were taken from the surface of the chin and neck, leaving a pedicle on the outside to fill up the cavity of the cheek, while the breach below was filled up by another flap taken from the skin of the neck. This did very well.

The few pale fibres of the platysma which are transfered to the face, amounted to but little, and their muscular power could not antagonize the force of the muscles upon the opposite side, the consequence is that the gradual action of these muscles have drawn the mouth quite over to one side, though the mouth remains closed and all dribbling of saliva is prevented.

The patient is desirous of having the mouth, which is drawn to one side, corrected, and to have the corner of the lower lip, which droops a little from the long continued action of the part, raised. She also desires the vermillion line, which now goes up toward the nose, levelled and brought down to its proper position.

The operation was performed by Dr. Pancoast by transfering integument from the face and the neck, and keeping the parts in position by sutures. The appearance of the face was much improved.

PHILADELPHIA HOSPITAL.

MEDICAL WARDS.

Service of Dr. Da Costa.

TWO CASES OF ASTHMA — ASTHMA FROM CARDIAC DISEASE.

James P., about 60 years of age, colored, has been suffering for two years with asthma and shortness of breath; it came on suddenly. He had been suffering before from palpitation of the heart, had been a good deal exposed, and had a slight cough. He commenced to wheeze about a year ago.

Percussion over the chest is clear both anteriorly and posteriorly, a few sonorous and sibilant râles are heard over the whole chest. On auscultation the heart-sounds are found to be very feeble, the first sound especially. The percussion dulness over the heart is increased, while the impulse is feeble.

We have here, then, a case of dilatation of the heart, and this leads to the conclusion that the asthma is mainly of cardiac origin, the difficulty of breathing being due to the disturbed circulation, in consequence of the disease of the heart. The patient's feet are much swollen, and this strengthens the conclusions drawn from the physical signs, for œdema is one of the prominent signs of cardiac disease.

The urine should be examined so as to see that there be no renal complication.

Now, irrespective of the physical signs, is there anything in asthma that may lead us to suppose that it is cardiac?

A distinguishing feature in cardiac asthma is that patient's affected with it suffer from the difficulty of breathing, more or less constantly, while ordinary asthma, not connected with disease of the heart, occurs paroxysmally, and leaves the patient with intervals of almost perfect health.

Treatment.—The patient is to be dry-cupped extensively and frequently. Internally,

℞.	Hoffmann's anodyne,	f℥ j.
	Fl. extr. of valerian,	f℥ ij.
	Tinc. of hyoscyamus,	f℥ j.

Half a tablespoonful in sweetened water *pro re nata*. This will have the effect of reducing the spasms and allaying the irritation. At all events Dr. Da Costa has frequently found some such combination very useful.

Besides this the patient will be ordered the following:

℞.	Quiniæ sulph.	gr. iss.
	Pul. ferri,	gr. j.
	Strychniæ sulphatis,	gr. $\frac{1}{16}$.
	Extract. colchici alcohol.	gr. $\frac{1}{8}$.

To be taken twice or three times daily. The iron and quinine will act as general tonics, which the somewhat enfeebled condition of the patient indicates, while the strychnine has a specific influence in increasing the muscular force, and in this way give tone to the cardiac muscular fibres, and counteract, if possible, the tendency to dilatation.

The colchicum is given to act upon the kidneys, for it is very important in these cases to keep up a diuretic action. If the colchicum shoul fail, we will resort to some other diuretic.

There is a curious clinical connection between the urinary secretion, and a spasmodic condition of the lungs, which may be alluded to on some other occasion.

The presence of dry râles in the chest does not of necessity indicate bronchitis, it is owing to spasmodic narrowing of the tubes without inflammation or secretion.

ASTHMA FROM EMPHYSEMA.

Michael Kelley came to the house on the 4th of January, suffering with a paroxysm of asthma. He has now suffered from this affection in paroxysms, more or less severe, during the last four or five years. His breathing is not oppressed when no attack is on him.

The first case (see Reporter of last week) shown you was one connected with chronic bronchitis, the second with disease of the heart, and the present is caused by emphysema, as the following signs clearly show.

Percussion is exceedingly clear, showing that more air is present than normal, and that the air-cells are dilated. On auscultation, the feeble respiration and prolonged expiration show a loss of contractile power of the air-cells.

Treatment.—Iodide of potassium had been given, but was not followed by relief. He was then put on—

℞. Acetone, - - - fʒi.
Camph. tinct. op., } ea. fʒss.
Wine of antimony, }

A teaspoonful of this was given four times a day. Under this treatment, he has improved. Counter-irritation, with a liniment containing equal parts of soap liniment, tincture of camphor, and turpentine will be tried.

MORBID SPECIMENS—MENINGITIS.

History.—The man, from whom the specimens were obtained, was admitted to the wards on Thursday, February 8th, on a certificate that he was laboring from typhoid fever, and no other clue could be obtained, as he was violently and noisily delirious. He was carefully examined; his pulse was excessively feeble and somewhat irregular; his delirium very violent; the eyes were not injected, but suffused,—a watery eye. Furthermore he had a typhoid tongue, dark, dry, and fissured, with an offensive breath. There was some slight pain on pressure in the right iliac fossa. His bowels were constipated; there was no eruption; hence no certain signs of typhoid fever, and the case, in the absence of any previous history, had to be regarded as one of delirium, in a patient who was sinking. Under these circumstances, he was stimulated by turpentine and camphor-water. His pulse improved somewhat, but on the day after his admission he died.

Post-Mortem Examination.—There is apparently no disease whatever in the small intestines; Peyer's glands are not even enlarged; there is slight injection of the mucous membrane, but that is all; to all appearance, the intestines are healthy.

Lungs.—Very much congested; they contain some few old tubercles; they present what is sometimes called hypostatic pneumonia, with a great deal of serous infiltration. It is no pneumonia, however, as, when cut in pieces, the lungs float in water, while in real pneumonia they sink. This is the absolute test. This condition of the lung is frequently found in persons suffering under a low type of disease, and long confined on their backs.

Heart.—Of natural size, perhaps a little larger; contains in right ventricle a dense firm clot of post-mortem formation; the valves are all healthy.

Brain.—Its outer surface congested; also in its interior surface along the convolutions. Always be careful to examine the convolutions of the brain as to the existence of any effusion or any exudation of plastic material.

The membrane is in parts opaque. We notice, between the convolutions, some effusion, especially marked at the anterior part of the brain. This indicates some amount of meningeal inflammation; the brain is excessively vascular throughout.

In the neighborhood of the thalami and corpora striata, the brain is softened, and at the juncture of the cerebellum there is a considerable quantity of lymph; there is also a large amount of effusion in the ventricles.

Base.—Some lymphy effusion between the membranes, but no further signs of inflammation. There is indeed throughout more or less effusion between the arachnoid and pia mater.

There can be no doubt, hence, that this case was one of meningitis, which had been mistaken by the physician, who first saw him, for typhoid fever. It was afterward found that he had been sick but four days when he entered the hospital. The case is of interest on account of the severe symptoms of prostration and delirium present, and the absence of paralysis.

In regard to disorganization of the brain-substance, it is a matter of great practical importance to tell whether the softening is the result of maceration or inflammation. This can be done by the microscope. The characteristic granule cells which occur in inflammation, are not present in maceration or simple diffluence of the organ.

PARALYSIS AGITANS FROM FUNCTIONAL DISTURBANCE OF THE NERVOUS SYSTEM.

Having at a previous clinic introduced a patient suffering from paralysis agitans, in consequence of cerebral disease, Dr. Da Costa introduced several other patients affected with this disease, but from different causes.

One of these was Ch. P., a boatman, 25 years of age, moderate in his habits, drinking

occasionally, but not to excess. He had been severely subject to malarious influence five years ago, and had ague off and on for three years.

When the tremulous action came on the attacks of ague ceased. The muscular tremors affect both arms and legs, rendering his gait uncertain. He bends forward when he walks. This is a peculiarity of paralysis agitans.

There are no signs whatever of cerebral disease; the pupils act perfectly well; there is no strabismus; no paralysis; no convulsions. Old age, which is a frequent cause of the disease, is, of course, out of the question here.

Inquiring into the mode of living of the man more closely, we find that he has been in the habit of drinking strong green tea to excess, and also smoking considerably. This, in the absence of all other signs, must be considered an adequate cause. The abuse of green tea, indeed, very frequently gives rise to functional disturbance, to a loss of tone in the nervous system, which, in this case, may have acted the more powerfully, as the patient was probably weakened by and still is under the malarious influence.

The prognosis in this case is favorable. The age and the previously good constitution of the patient are in his favor, while the cause of the difficulty may be, to some extent, controlled by withholding the injurious articles of diet and luxury. He will take—

℞. Quiniæ sulphatis, Pulv. ferri, } aa. gr. 1½.
Pulv. arsen. gr. ⅓.
Three times a day.

The quinine and iron will act as general tonics, while the arsenic, besides its anti-malarious influence, will probably be advantageous on account of a peculiar tonic influence which it seems to exercise upon the nervous system, which is evident from the good results often obtained by its use in chorea, a disease which closely resembles paralysis agitans.

The patient should have a good diet.

In the diagnosis of paralysis agitans, it must be borne in mind that the disease must be distinguished especially from two kindred affections.

1. *Mercurial Tremors.* The chief point of distinction is the history of the case. The occupation of the patient affected with mercurial tremors is generally such that it will at once throw light upon the case. Previous salivation, looseness of the gums, etc., often accompany the tremors.

There is, however, another distinctive point in the tremors themselves which Dr. Da Costa has noticed. In mercurial tremors the trembling is very apt to cease or intermit, when the arm, hand, or limb is supported, f. i. if the patient places his hand on a chair or table; this is rarely the case in paralysis agitans from other causes.

2. *Chorea.* It is not difficult to distinguish paralysis agitans from chorea. The nature of the muscular movements in each is sufficiently characteristic. In chorea there is spasmodic muscular contraction with loss of control over muscular motion, while in paralysis agitans there is no loss of control, but simply trembling movements.

WILLS HOSPITAL.

Service of Dr. Morton.
Reported by H. Earnest Goodman, M. D.—Resident Physician.

OPERATIONS FOR STRABISMUS.

Case 1.—J. B., æt. seven years, has had a convergent squint in the right eye for two years. No cause can be assigned. About two months ago, his eye was operated on while under the influence of ether without producing any benefit, as will be seen by the following note:

January 24. There is still marked obliquity of the right eye; the inner edge of the cornea touches the inner canthus, and the mobility is not so perfect as in the left eye.

There is a decided rotary motion of the right eyeball upon its axis. Vision in the left eye perfect; in the right cannot see things near so clearly.

After being fully etherized, Dr. Morton thoroughly divided the internal rectus muscle, and a bandage was worn constantly over the sound eye for seven days.

February 5. The eye still a little oblique; mobility more perfect.

February 11. Eye perfectly straight; the constant rotary motion in right eye continues, and is occasionally seen in the left.

Case 2.—J. McF., æt. eighteen, has had a similar squint in the right eye since he was two years old; cause—irritation.

February 8. The obliquity is quite marked; the inner edge of cornea almost touches the inner canthus of the eye. The mobility of the left eye is perfect, but the motion outwards in the right is retarded. The vision in the left is good, but he says that with the right things look dim; he can, however, tell the hour, or read small type. Dr. Morton divided the internal rectus, as in the former case, and then applied a bandage over the sound eye.

February 9. Eye perfectly straight; the conjunctiva echymosed; he says that vision has improved.

February 11. Eye perfectly straight and vision improving; the effused blood disappearing.

Case 3.—Margaret U., æt. fifteen, has had convergent strabismus for many months, probably produced by a dense opacity of the cornea,

occupying about one-fourth of its surface. Both eyes have been sore from tarsal ophthalmia for three years previous to her discharge from this hospital about two months ago.

February 11. Dr. Morton thoroughly divided the internal rectus, as in the other cases. The eye was perfectly straight after the operation; the result will be given hereafter; the opacity was not so great as to destroy vision; the right side of the cornea was perfectly clear, and the pupil responded well to the influence of light.

TUMOR OF THE LOWER EYELID.

J. B., æt. twenty-two, applied (February 8th) on account of a tumor of the lower eyelid; it had been growing some months, but of late more rapidly; it was about the size of a cherry, and was beginning to drag the lid down. Dr. Morton dissected it out. The incision was made on a line with the tarsal edge; it was cystic and filled with a glary fluid.

February 11. Wound healed by first intention.

JEFFERSON MEDICAL COLLEGE.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

ORGANIC STRICTURE OF URETHRA CURED BY DIVISION—CIRCOCELE IN SAME PATIENT—OPERATION FOR RADICAL CURE BY SUB-CUTANEOUS LIGATION—REMARKS.

This patient had a tight, narrow stricture of the urethra, of some years' standing, the result of a badly-cured gonorrhœa.

He had also a very bad varicose enlargement of the spermatic veins, constituting circocele or spermatocele.

The stricture was divided in the usual way, an instrument passed into the bladder, and the urethra gradually dilated, the patient drinking of a tea containing uva ursi, buchu, bi-carbonate of soda, and juniper berries.

A few weeks later he presented himself to be operated on for his circocele.

The operation performed by Prof. Pancoast for spermatocele is that of ligation, and he has failed but once in effecting a radical cure by this means, and then it was from neglecting to give proper attention to a varicocele which also existed.

The veins of the cord, the proper venæ pampiniformes communicate with the external cutaneous veins; hence, if there are large veins on the surface of the skin which cross over from the left to the right side, and these are not tied, a complete stasis of blood is not produced in the veins ligated, and the cure is uncertain; therefore, when there is a varicocele the veins on the surface of the skin must be tied also.

Behind the cord runs up the vas deferens, the duct of the testicle; along with the vas deferens runs a large deferential vein and a large deferential artery, but the spermatic artery and the spermatic nerve go with the pampiniformes.

Generally, the vas deferens is placed at the back part of the corpus pampiniforme, and separated from it by a layer of cellular tissue, which enables us to raise all the veins of the cord without disturbing the vas deferens.

When we strangulate the veins of the cord we strangulate the spermatic artery and the spermatic vein, and cut off so much of the supply of blood which goes to the testicle; but the deferential and the pudic arteries supply the testicle with its ordinary amount of nutritive fluid.

Sometimes the vas deferens runs in front of the veins, and sometimes in the middle of the corpus pampiniforme, when the greatest care is necessary to separate the vas deferens from the veins; for if it be included in the ligature, it would emasculate the patient on that side.

Circocele almost always occurs on the left side, as in this case, and is never seen on the right, except when a similar state of things exists on the left side also; this is owing to a peculiar arrangement of the spermatic vein of the left side, which runs transversely into the emulgent vein or vein of the kidney, while, upon the right side, it runs obliquely up to the vena cava ascendens; there is also an arrangement of the valves on the left side which predisposes to a stasis of the blood on that side, and which does not exist on the right.

Where the disease has occurred on the right side, there must have been a similar arrangement of the spermatic veins on the two sides of the body, both opening into their respective emulgent veins.

If the walls of the veins have become weakened by enlargement, and have lost the power to drive the blood onward, it accumulates and stagnates in these veins the same as in varicose veins of the lower limbs.

Another result is that the small arteries which supply the testicle are unable to drive the blood through the capillaries of the veins in consequence of the mass or column of blood which they cannot move; hence the capillaries soon cease to carry the blood at all into the testicle, and the latter becomes diseased, softened, atrophied, and wastes away.

When we strangulate all these veins, we have removed the pressure from those capillaries, which entering into the outer veins, not varicose, supply again the testicle; the organ becomes better nourished, receives its normal size, and resumes its function.

A circocele on both sides of the body would go far to make a man impotent.

In regard to the treatment of this affection, when the disease is not very extreme, let the

patient apply cold water night and morning to the parts and support them with a bag truss. This, however, often produces a pressure on the organ, which is excessively sensitive; for glands are sensitive, not alone in proportion to the number of nerves that enter into them, but, also, in proportion to the amount of secretory surface they possess in their structure; a remarkable instance of this is the mammary gland of the female, which has not so many nerves distributed to it, but whose secreting surface is very large.

The dragging of the blood in the circocele often produces pain by pressing on the genito-crural nerves, and, by reflection, it often extends down the leg, weakening the limb upon that side.

In former times these veins were cut down upon, laid open, and a piece taken out. This operation is hazardous and apt to be followed by phlebitis.

Sir Astley Cooper was in the habit of grasping the whole scrotum and cutting off one-third or one-half of the skin of the scrotum, thinking that the contraction following would support the scrotum.

This procedure is not to be relied upon, and it is hazardous; besides, the remaining portion of the healthy skin of the scrotum will stretch again and the trouble be renewed, as the tissue seems to grow interstitially.

The final approach to improvement, in the way of a radical cure for this disease, was made by Brechet, who passed a couple of pins around the veins, and with a screw pressed upon them caused them to slough. This is hazardous, and has been abandoned.

Ricord advises a sort of horse-shoe arrangement; he puts a ligature around the veins, and, by stretching the two ends of a silver horse-shoe, the ligature is tightened until it cuts through and strangulates the veins. This method of strangulating the veins has been greatly simplified by Prof. Pancoast. His method consists in the use of a button over which the ligature that strangulates the veins is tightened.

He takes a small button, having two holes, and uses a single waxed thread very strong; to attach the ligature, he employs a needle nearly straight, and not too sharp at the point. In order to prevent the button from cutting into the skin, a piece of oiled silk or gutta-percha cloth is placed under it, with perforations for the passage of the thread.

It might be supposed that, in strangulating the veins tightly in this manner, there would be a risk of phlebitis, which would extend upward as well as downward.

In all his operations, Dr. Pancoast has seen but one case which gave any anxiety. It was that of a patient in whom the veins were enlarged above the ligature, and where slight peritoneal inflammation took place. The case, however, terminated favorably.

The result of the ligature is, that as soon as the veins are strangulated they contract, and the tumor diminishes in size.

In performing the operation, the first thing is to select the vas deferens from the rest of the bunch; then to examine the scrotum, to see if there is a varicocele or a similar enlargement of the veins on the outside. Then the cord is to be drawn up, not going too near the groin, so as not to miss some of the veins which return back and do not go all the way to the groin, but pass into the raphé of the scrotum and to the other side. The vas deferens must then be separated; it can be known by its feeling like a wire, and by the sensation communicated to the patient, which is identical with that caused by pressing on the testicle itself.

It is important to distinguish the vas deferens; for some of the veins sometimes become obliterated and converted into a fibrous cord, feeling somewhat like the vas deferens, but not causing the same sensation to the patients.

The needle which carries the ligature must not be sharp, or it may pierce the veins. It is to be passed underneath the skin around the veins and brought out again on the opposite side; after passing the needle through, feel again, so as to be sure that the vas deferens is entirely behind the needle, so that it cannot possibly be included in the ligature; then draw the thread through and it will lie behind the cord, between the corpus pampiniforme and the vas deferens. Now pass the needle from these two orifices immediately underneath the skin, bringing it out at the same orifice on the other side by which it entered. Before drawing the needle through and removing it, shift the thread, lest some of its fibres should have been cut by the needle itself, rendering the ligature liable to snap when tightened. This is a small matter, but still important to be remembered.

The loop now surrounds the veins of the cord, the spermatic artery and the spermatic nerve, and even the cremasteric artery vein and nerve. The ligature is now to be passed through the button and tied tightly over it—an extremely painful operation. In the course of three or four days, the parts will have shrunk, and it will be necessary to tighten the ligature a little, which will be less painful,—the ligature must thus be tightened every three or four days; towards the end it will give no pain at all.

A suspensory bag-truss should be applied, so as to take the weight off the tumor, and the patient should be put to bed.

The strangulation of the spermatic nerve is apt, by reflex action, to act on the bladder and produce spasm of the urethra, of the muscles of Wilson and Guthrie; hence the patient should be put to bed, and be given a diuretic and a diaphoretic mixture.

In the course of twelve or thirteen days after successive tightenings of the ligature, at intervals of three or four days, the veins will have become thoroughly obliterated.

Such was the result of the preceding case in about a fortnight after the operation.

HOSPITAL OF THE MEDICAL MISSIONARY SOCIETY AT CANTON, CHINA.

[We give the following interesting report of this hospital by Dr. Kerr, which has just reached us.]

NEW HOSPITAL.

In my last report to the Medical Missionary Society, presented at its meeting in February, 1857, it was stated that the Ophthalmic Hospital and Wai Tsai Dispensary had been destroyed at the commencement of the late war. During the continuance of hostilities, the operations of the society in Canton were suspended. On my return to the city in November of last year, a hong in the southern suburbs was rented, and about the middle of January it was opened for the reception of patients, with the the title of Pok Tsai (diffusive benevolence) Hospital. The Chinese name of the Ophthalmic Hospital could not be retained, because it was called from the street on which it was situated.

The location of the hospital is better than that of the old one. It is situated in the southern suburbs, nearly opposite the middle of the walled city, and fronts on the river. The ground is so high that the water very seldom comes into the hong.

At the time the hospital was opened, very few persons had returned to the part of the city in which it is located, and the streets still wore a deserted appearance. It was not, therefore, to be expected that at first the number in attendance would be large. As the hospital became known, the numbers increased, and the total for the year did not fall far short of the number formerly attending the Ophthalmic Hospital.

VACCINATION.

A *vaccine department* has been established, and Thursdays are appropriated to this object. Vaccination was introduced among the Chinese in this city, by Dr. Pearson, about the year 1805. Owing to the persevering efforts of this gentleman, continued through many years, the inestimable blessings of this preventative are fully known to the Chinese, and his name is worthy of little less honor than that of the immortal Jenner, who first made it known to the world. Small-pox is almost an annual epidemic in China, and, without the aid of government or any public institutions, it is not strange that vaccination is neglected by multitudes in so vast a population. Those who practice vaccination are not able to preserve the virus, and they depend for fresh supplies brought from England. It was with the design of supplying these deficiencies that the department was established; and it is hoped that, while gratuitous vaccination is offered to the poor, the hospital will be a source from which to supply virus at all times to all parts of the south of China. A tract on the subject has been prepared and printed, in which directions are given for preserving the scab and vaccination from it. This is one of the easiest modes of preserving the virus in a warm climate, but is not known to the Chinese.

GENERAL DISEASES.

The diseases treated have been such as are usually met with in missionaary hospitals. The most common were diseases of the eye, intermittent fever, bronchitis, dropsy, rheumatism, scrofula, diseases of the skin, ulcers, &c. These have mostly been of a chronic character, and many cases have been beyond the reach of art. Others, requiring a long course of treatment, were not persevering in their attendance. A great many satisfactory cases can be referred to in which much good has been done. It is not alone in the performance of capital operations that benefit is conferred upon those who resort to the hospital, but the chief good is done in the daily routine of applying caustics and lotions to ulcers, lancing abscesses and boils, and administering medicines.

The whole number of out-patients during the year was 13,186.

CARIES OF UPPER JAW-BONE.

In the month of June, a patient presented himself with several openings in the right cheek, from which there was a constant discharge of offensive matter; the openings also communicated with the mouth. A large portion of the jaw-bone was detached and acted as a foreign body, keeping up the discharge. By simply enlarging one of the openings in the cheek, the dead bone was extracted with a pair of forceps. In a short time, the discharge ceased and the openings closed up.

DROPSY.

A female, aged thirty-two, was admitted June 20th. The abdomen was enormously distended. She was tapped by the assistant Lam Ats'ung, and fifty-nine pounds of fluid were drawn off through the canula. This patient returned to the hospital in October, and was again tapped. The fluid drawn off at this time (forty-nine pounds) was of a dark-brown color, and contained a great deal of albumen.

TUMOR.

A man, aged forty years, from the district of Tungkwan, having a cancerous tumor of the right breast, was admitted July 18th. The operation was performed by the assistant Lam

Ats'ung. In this case there was every prospect of a permanent cure, as there was no indication that the system was infected.

FRACTURE OF THE SPINE AND RIBS.

A lad, nineteen years old, was admitted August 15th. The evening before, during a sudden squall, an old brick wall was blown down upon him while he was cooking rice. When brought to the hospital, he was altogether helpless, and suffered great pain. He had also paralysis of the bladder, with retention of urine. The seat of fracture was in the lower dorsal vertebra. Inflammation of the lungs complicated the case, and at one time he was considered past recovery; he, however, gradually recovered, and in about two months he began to sit up and walk a little. His strength increased until he was able to walk with the help of a cane, but he could not remain long in the erect position. The paralysis of the bladder continued, and he was taught to relieve himself with the catheter. He was furnished with one when he left the hospital, December 6th.

PERINEAL SECTION.

This patient, a lad nineteen year old, from the district of Pwaanyu was admitted June 13th. He had received severe injuries from a fall six months before. The perineum and membranous portion of the urethra were bruised and lacerated. In healing up, the urethra was entirely closed, and a false passage for the urine opened in the perineum half an inch from the median line. It is maintained by some distinguished surgeons, that cases of impermeable stricture of the urethra never occur, but in this patient the canal was, beyond all doubt, entirely closed. Not a drop of urine passed through it. To restore the passage, the following operation was performed: The patient being brought under the influence of chloroform, a catheter was introduced to the seat of stricture and an incision made through the perineum, meeting the end of the catheter. A director was then introduced into the false passage, and the above incision carried down to the director, carefully following the median line. In this way the entire stricture was divided, and the catheter was then readily passed into the bladder. Very little blood was lost during the operation. A catheter was retained in the bladder forty hours. After its removal, the urine began to pass by the natural channel, and continued to do so as long as the patient remained in the hospital. The full benefit expected from this operation was prevented by the absolute refusal of the young man to submit to the frequent reintroduction of the catheter, which was necessary to prevent the contraction of the canal at the seat of stricture.

NEURALGIA—OPERATION.

A man, aged twenty-seven years, from the district of Haiping, was admitted September 6th. He had suffered with neuralgia in the lower jaw about three years. During the last twelve months, the pain had increased in intensity. It came on in paroxysms, with intervals of from five to ten minutes, which sometimes were extended to half an hour. During the paroxysms, one hand grasped the forehead, and with the other he rubbed the side of the face, and his groans manifested the greatest agony. Day and night were alike to him, and sleep only came in the short intervals of his suffering. The intensity of the pain had worn down his health and strength. His face was thin and sallow, and his countenance wore an expression of anxiety and distress. He was unfitted for any business, and life was a burden. The treatment usual in such cases was tried for several weeks without benefit. A tooth, slightly decayed, was also extracted, but the pain continued as before. To relieve such intense suffering, extreme measures were considered justifiable, and the following operation was performed: After giving chloroform, an incision was made through the skin and muscles of the cheek, laying bare the jaw-bone near the angle. With a small trephine, a circle and a half of the external plate of the bone were removed, exposing the cellular portion in which was the canal containing the artery and nerve. The bone-chisel was then used for the purpose of severing the nerve. The artery was necessarily diseased, and the hemorrhage was stopped with the actual cautery. Soon after the patient had recovered from the influence of the chloroform, and was placed on his bed, the pain returned, and it was supposed that the operation would fail to give the expected relief. But in a few days the pain began to diminish, and at the end of a week it entirely disappeared. The general health now began to improve, and the patient gradually gained flesh, strength, and spirits. He left the hospital November 14th, and up to that time continued to be perfectly free from the pain.

AMPUTATION OF THE THUMB.

A man, firty-nine years old, from the district of Tungkwan, was admitted with a melanotic tumor growing on the end of the left thumb. It was very painful, and constantly discharged an offensive watery fluid. It had been growing for four months, till it attained the size of a hen's egg. Amputation was performed at the first joint. Enough of the ball of the thumb was healthy to make a flap with which to cover the end of the bone. The parts united readily, and he was discharged cured on the tenth day.

AMPUTATION OF THE BREAST.

A female, aged fifty years, from a village near the North gate of Canton, was admitted November 1st. A tumor had appeared in the

left breast more than a year ago, and gradually increased in size until it became troublesome; it was movable, free from pain, and the skin healthy. Chloroform was administered, and the tumor removed by making an incision six inches long, and dissecting it from the gland and cellular tissue to which it was connected; it consisted of a number of cysts containing an albuminous fluid, intermingled with more condensed tissue.

The case was a very favorable one for operation, and the patient could be assured that the disease would not return.

STONE IN THE URETHRA.

A man, aged thirty-nine, from the city of Fuhshan, was operated on the same day as the above for stone in the urethra. It was lodged about the middle of the canal, behind a stricture, and had been in that position seven months. An incision was made at the border of the scrotum, and the stone extracted with a pair of forceps. From the place where it was necessary to make the incision, it was feared that infiltration of urine would result in inflammation and sloughing of the scrotum; but no unfavorable symptom occurred, and the wound closed in a few days.

CASES OF URINARY CALCULUS.

1. This patient was a dealer in ginseng, fifty years old, and resided near the Western or Great Peace gate. He had suffered from symptoms of stone in the bladder for three years On the 29th of November, the lateral operation was performed. The stone was the size and shape of a large hen's egg, and weighed two ounces. The patient made a good recovery.

2. A little boy, seven years old, from the district of Tungkwan, was admitted November 29th. The symptoms of stone began three years ago, and his sufferings for some months had been very great. The lateral operation was performed December 2d, and a stone extracted as large as an olive. The recovery of the child was retarded by an attack of intermittent fever, which came on the fourth day after the operation, and the case was farther complicated by the presence of worms in the alimentary canal, about sixty of which were discharged during the treatment. Notwithstanding these difficulties, he was able to visit his relatives in the city on the nineteenth day, and, at the end of the month, returned to his home in the country.

DISLOCATION OF THE HIP-JOINT.

Two cases of this accident have come under notice during the year. The first was a dislocation upwards and backwards, with shortening of the limb, and was of twenty-eight days' standing. This case is worthy of notice here only because it resisted the most persevering efforts at reduction. Extension with the compound pullies, while the patient was thoroughly under the influence of chloroform, was carried to the utmost extent deemed safe and prudent. This failing, simple manipulation was tried in all possible ways, but with no better success. When the whole muscular system was relaxed by the chloroform, the head of the bone could be made to transverse three-fourths of the circumference of the socket; but in no way could it be made to enter, and we were compelled to leave the patient with no better prospect than that of a false joint.

The second case occurred in a boy five or six years old, and was a dislocation downwards and inwards, with lengthening of the leg. The child was brought to the hospital the day after the accident. Simple manipulation, under chloroform, brought the bone at once into its natural position—the pain disappeared, and freedom of motion was restored to the limb.

MEDICAL TRACTS.

In addition to the tract on vaccination, another has been prepared and printed, treating of the use of quinine in intermittent fever and other diseases, and of the use of the truss as a relief for hernia. Large quantities of quinine have recently been brought to this market and sold to the Chinese, who value it very highly, but are only partially acquainted with its uses in various diseases. To supply this deficiency, as well as to favor the introduction of one of our most valuable medicines, the tract was prepared. Hernia is a very common affection, for which the Chinese have no remedy, and this tract calls attention to the steel trusses, a variety of which are kept at the hospital and sold at cost to such as are able to pay for them. The supply of trusses has been less than the demand.

DISSEMINATING MEDICAL LITERATURE.

A report of the operations of the hospital has been prepared in Chinese, and is now in the hands of the printer. It was supposed that this would be the best way to present to the more intelligent classes the benevolent objects of the hospital, and to give them correct information as to what is to be expected from foreign practice. It is also hoped that some of the wealthy Chinese may be induced to subscribe to the support of the hospital. The time is looked forward to when the inhabitants of this city will so appreciate the benefits of public institutions of this kind, that they will contribute funds for the establishment and support of hospitals conducted on the plan of those in Europe and America, which confer inestimable blessings on the suffering and diseased. The money annually wasted on the temples of this city, the abodes of hideous idols and stupid priests, would build magnificent hospitals and furnish an income beyond any possible necessity.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, FEBRUARY 23, 1861.

MENTAL HYGIENE AND PUBLIC EDUCATION.

Of modern philosophers, who have written on mental science, JOHN ABERCROMBIE stands foremost in sound observation and that common sense which gives directness to thought and clearness to expression. His little book "Inquiries Concerning the Intellectual Powers and the Investigation of Truth," contains more true philosophy, more real mental science, than the whole of Hegel's vaunted system, with all the schools and sects that have arisen from it. These are rapidly passing away, and the time is not very far off when Hegelian philosophy will be altogether a matter of literary history. Meanwhile, Abercrombie's "Inquiries" are exerting, and will continue to exert, an influence on mental science, because they are based on *facts*. This much in justice to one of the greatest thinkers and ablest physicians of the age.

A quotation from this source will certainly be in order:

"These exercises of mind," he says, speaking of the proper means for the cultivation of memory, "are greatly promoted in the young by verbal communication. Hence the importance of frequent examination. The teacher is thereby enabled, not only to ascertain their progress, but to *explain what they do not understand;* to impress upon them important points to which they may not have sufficiently attended; *to excite attention, inquiry, and interest;* and so to cultivate the *habits of association and reflection.* These, in fact, ought to be the objects to be kept in view in all such exercises, *as of much greater moment than the mere putting of questions.*"

Let us now introduce to the reader a friend of ours, one of the most eminent teachers in our public schools, who will enlighten us upon the system there adopted. His modesty forbids us to mention his name; we shall call him "Scholasticus."

"There can be no doubt, my dear Scholasticus, that fully appreciating the truth of the remarks we have just read to you, the system under which you teach is adapted to these truths. Indeed, your system must be almost perfection itself, judging from the glowing accounts we read in the papers."

Scholasticus—"Really, I am afraid it is not so; indeed my time is so much occupied with the mechanical and formal part of teaching, that I have very little opportunity to study the workings of the system more than superficially."

"Why, sir, you astonish us. But, pray, is not your system of teaching based upon Abercrombie's maxim, that to excite attention, inquiry, and interest, and to cultivate the habits of association and reflection, are, in fact, the objects to be kept in view, and of much greater moment than the mere putting of questions?"

Scholasticus—"Alas! I am sorry to say, no! Exactly the opposite is the case. Putting questions is the great object of the teacher; to answer them the great aim of the pupil. Excite inquiry, sir? Why, we teachers would be doomed, if we permitted our pupils to waste time by asking us questions, and if we were to submit to explanations! Explanations? Know you that the boy or the girl who comes to ask for explanations renders himself, or herself, at once suspicious, as a troublesome, inquisitive character, who is to be subdued."

"But, my dear Scholasticus, is it not rather a good sign in a child, if it comes to ask questions? Is it not a sign of mental activity, of independent thinking, if the child comes to you for explanations?"

Scholasticus—"That may all be; but you do not take a practical view of the subject. Do you know how many pupils I have under my charge?"

"No, sir!"

Scholasticus—"Sixty-five in my own division; but being principal of a school, I have the superintendance of between four or five hundred, whose studies I must direct and superintend. Would you like me to give you some idea of the working of our system?"

"Proceed, sir!"

Scholasticus—"Well, then! In the first place, I have sixty-five pupils in my division, every one of whom wishes to get to the High School the next term. Besides, my school has always

been one of the best, and I feel very anxious to send the largest average number of pupils to the High School."

"We understand; ambition, rivalry; is it not, my dear Scholasticus?"

Scholasticus—"Well, you may call it so; but let me go on. In order to get the proper average, my pupils must be able to answer a certain number of questions in grammar, arithmetic, geography, history, etc. If they *understand* them, well and good; if not, well and good also. The *answering* is, what the Board look at; not the *understanding*, as you say. Now you know that I have to keep a record of the questions answered by each pupil, so as to be able conscientiously to determine who is to enter the list of candidates for admission to the High School, and who not. What is the result? Simply, that at the daily recitations no child will dare ask a question, for fear of showing its ignorance, and thereby diminishing its chances for promotion. And, secondly, that the child, knowing that the questions must be mechanically memorized, puts all its energies in that direction and learns to look upon a close, intelligent study of his lessons as so much waste of time. Thus, our system discourages inquiry and explanations; do you see?"

"Rather, I should think. But go on with your explanations."

Scholasticus—"To proceed, sir—to carry out the Abercrombian maxim is a physical, moral, or call it what you will, impossibility. Why, if I were to spend only two minutes a day with each pupil answering his inquiries and giving him explanations, it would take two hours every day off the time which we *must* have to recite. Don't you see it is *impracticable?*"

"I am afraid, my dearest, you are painting your system worse than it is."

Scholasticus—"Worse! I have not commenced to tell you the truth. And now that I am 'in for it,' I will tell you all. The fact is that I often have young, bright, intelligent boys and girls come up to my desk, in spite of the system, asking me questions about this and that which they do not understand, or inquiring about something which their expanding intellect wished to grasp; it is the budding and sprouting of young reason, trying to catch a few dew-drops and a little sunshine by the way, to help it along in the hot-house atmosphere of the school-room—they are the tendrils and feelers which the youthful mind stretches out to find its way in the wilderness of mechanical study. But what can I do? What for one, that for all. If I were once to establish it as a rule to answer questions, where would be the end? What would become of the recitations, of the averages, of the High School candidates, of my model school, A NUMBER ONE? I know it, sir, the system is a mind-maiming, intellect-crippling, reason-destroying, soul-killing system! I know it. It embitters my life, it makes that the meanest kind of drudgery which might be and should be the highest, the noblest, the most pleasing task; for is it not the grandest work that man can be engaged in to watch, to study, and to aid the mind of the child in its development, its growth, its expansion? Is it not the most solemn, the most awful responsibility which falls upon man, to be a teacher of children? Yes, sir, I feel it, and it is this which makes me so determined in my efforts. I know I cannot alter the present system; we have the routinists among us, as you have them in medicine. You have to swim with the tide, or else go down. Knowing all this, I am determined to make the best of the system, and, if Memory *must* be ruler, I am bound to have him govern without that inquisitive, interpellating, mischief-brewing, democratic, revolutionary, would-be prime-minister—REASON. He has no business in our system; we disown him, we cast him off, we banish him, so that in our model-system of education the poor fellow, whom *some* think is fit to rule the world of intellect, is even too sad and pitiable an object for Punch to crack a joke at."

"My dear Scholasticus, you are getting excited. Here you have been walking about the room for the last five minutes, actually making a speech—a speech, sir! I wished you had made it in the Academy of Music; every seat, aisle, nook and corner, stage and scenery, filled

with your brothers scholastici, and sisters, too, the dear creatures. Why not? Was not Rarey there—Rarey the famous—to show us how to break horses? Can't one of you just go there and give us a *lecture* on your excellent system of strapping the mind, by which you succeed so nicely in bringing REASON on her knees?"

(Exit Scholasticus.)

That last remark of ours was very injudicious. Our friend was really somewhat excited, and we should not have made sport of him. He may not come to see us for a week. Poor fellow, he is conscientious, and feels keenly the tyranny of being a teacher under a false system. It makes him morose, sad, sometimes morbidly exhuberant; then, again, over-scrupulous, with sudden dashes of wild recklessness in his views; he is in constant battle with himself—over-worked, over-taxed in body and mind. This is one of the effects of our present system in a mental-hygienic point of view.

SPIRIT OF THE MEDICAL PRESS.

The Savannah *Journal of Medicine* has an editorial in reference to the correspondence published sometime ago in the REPORTER, relating to the influence of an exclusive rice diet in producing cataract. According to the *Journal*, "diabetes is not more common among the rice-eaters of the South, than those who feed upon other food." .... "On a large rice plantation, with from four hundred and fifty to five hundred negroes, embracing the usual number of aged, we can recall but one case of cataract." .... "In localities where rice is raised, it is eaten in lieu of bread, from one to three times a day, and in many families the latter (either corn or wheaten) is rarely seen upon the table. Cataract or diabetes is not more, if as frequent, in such latitudes, as in others, where rice is not so much used as an article of food."

The Atlanta *Medical and Surgical Journal* attempts to defend itself against the just strictures which we have recently made in reference to some of its editorial remarks. But, even in its defence, the *Journal* shows that it is incorrigible. It concludes its remarks as follows:

"In conclusion, we would say to the REPORTER, and to all others with similar views, that if they indulge in the hope that Georgia will ever again be represented, either in the medical or political Congress of the late United States, or that this noble State, or her people, will ever bite the dust and ask for forgiveness of their oppressors," etc. etc.

Now, will the *Journal* be kind enough to tell us *when*, *where*, and *how* the medical profession of Georgia has been "oppressed" by the American Medical Association, or anybody else?

Why does the *Journal* evade this question, and try to patch up its medical views with political harangues? Does the *Journal* attempt to further particular interests of its own, no matter at what price, even at the destruction of our glorious American Medical Association, simply because that body has taken a firm stand regarding the advancement of medical education?

Will the *Journal*, in its next, leave out politics when it discusses medical matters, scientific, and ethical? We give it another chance!

Some of our foreign Quarterlies and Reviews are raising an outcry against experimental physiology and vivisections in particular, and they find an occasional echo in some of the lecture rooms on this side of the Atlantic. Will those who oppose experimental physiology answer us these questions?

1. Would we have arrived at a correct knowledge of the circulation of the blood without vivisections?

2. Would we have arrived at a correct knowledge of the various processes of digestion without vivisections?

3. Would we know anything about the sugar-secreting function of the liver without vivisections?

4. Would we know anything about the influence of arterial and venous circulation upon secretion and excretion without vivisections?

5. Would we know anything regarding the functions of the various nervous ganglia without vivisections?

6. Is it not true that physiology has made more advances through vivisections than by any other mode of investigation?

☞ We are still very much in need of copies of the REPORTER of October 6th, 1860—the first number of the current volume—to supply new subscribers, for which we will cheerfully pay ten cents per copy. Readers who may have that number to spare will confer a great favor on us by forwarding it to the address of the REPORTER.

We have kept a list of those who have applied for that number, and will supply them as rapidly as we can.

Correspondence.

EUROPEAN CORRESPONDENCE.

MEDICAL INSTITUTIONS IN MADRID—THE MILITARY HOSPITAL.

Madrid, January 18, 1861.

Messrs. Editors:—Since my visit to the General Hospital and the Hospital de la Princesa, I have been to see the Military Hospital, which is larger than either of the others, although the average number of patients is lower than in the General Hospital. At the time of my visit, I was informed that there were only 500 patients, although it usually contained 800; but there are 2,000 beds and everything is on a vast scale. The ceilings are high and the passages wide, but everything is of rough stone, which, now in winter, gives it a chilly, uncomfortable appearance, although, I suppose, in summer it is pleasant enough. It is built around several court yards, as you may well suppose, from the immense number of patients who can be accommodated.

All the nurses here are men; there are no Sisters of Charity, as in the other hospitals, to attend on the sick.

I was surprised, in one of the rooms into which I was shown, to see an invention of such a nature that I could hardly believe, for the moment, that I was not in my native country. It was a labor-saving machine, intended to cut and roll bandages. The end of a sheet is passed in on one side, and by merely turning a handle it is caused to pass under knives, which can be placed at any requisite distance from each other, and then rolled up exactly, as is done usually in the machines which I have often seen at home for a single roller. I was informed that by this machine, in one minute, twenty-five metres could be cut and rolled up into bandages ready for use. A metre is a little more than a yard.

But I have not yet done with Madrid inventions. In another room I was shown models invented by an enthusiastic young physician, in which the muscles, arteries, etc., were beautifully and naturally depicted, the material being porcelain, and the colors burned in. One model of the muscles, etc., of the neck, especially attracted my attention as being of remarkable beauty.

I was shown into the microscope room, where I saw a microscope of Nachets, which cost, I was told, $150, and also one of Amici, which they said they did not think so much of. On the table I saw lying about more than one French work on the microscope, and also a translation into Spanish of Kölliker. There was no original Spanish work: indeed, in all the opportunities which I have had of looking at collections of medical books, they have been almost all French: the Spanish medical literature is in its infancy, and the advance that is being made is by those who have studied at Paris, or at any rate derive their inspiration from that quarter.

The apparatus for conveying in military expeditions was interesting to me, particularly one intended for carrying five or six persons on the back of a camel. On each side were two chairs with their backs to the side of the camel, on each of which a man could be strapped and sit with his feet hanging down. On the back was an ingenious arrangement which would do either for one very sick person or for two who were able to sit up, it being readily changeable either into a bed with a shade for the head, or into two chairs back to back. There were also other arrangements for carrying two on a horse or mule in easy chairs.

The doors of entrance into the different wards were all painted to imitate the entrance into a tent, and one of the wards, which was intended for officers, had each bed heavily curtained, and the curtains closely drawn, so as to convey by their arrangement the idea of a number of tents, as well as, of course, to give them more privacy than to the other patients.

I looked into the kitchen in the cellar. It was, of course, very large, but everything seemed very rough and primitive. They were just cooking the dinner for the patients, and for a wonder the messes looked very good and did not smell of garlic. There were immense bowls full of a sort of mixture of soup and various kinds of meat, which they call "*puchara*," and which really appeared very savory. As it was not far from my own dinner time, I probably could not be considered as an unprejudiced witness, and you must get your next correspondent to promise to visit the kitchen after dinner, so that your readers may be enabled by taking the mean of the two observations to make a just estimate as regards the fare of the patients in Spanish hospitals.

There was a very large and clean room to store away the sheets, shirts, &c. A very polite Spaniard showed me around the room, and volunteered many explanations, which I am extremely sorry that my very imperfect knowledge of Spanish prevented me from understanding sufficiently well to give you a more detailed account of it.

I have now written to you of all the medical institutions which I have visited in Madrid. If any further information should come to my ears which I think might be interesting to your readers, as regards the condition of medical affairs, or of physicians in Spain; or if in any other of the cities of Spain, I should visit any medical institution worthy of comment, I shall send you another letter.

Very truly yours,

M. D. Abroad.

METHOD OF TREATING SYNCOPE AND ASPHYXIA OF NEW-BORN CHILDREN.

MESSRS. EDITORS:—Those teachings of eminent but theoretical men, which utterly fail in practice, are often long in being substituted by better, and sometimes even pass without challenge. This declaration is fully sustained when we consider the directions given by authors for treatment of infants at birth, and especially for reviving the still-born. A point not sufficiently insisted on by writers, is, that the infant, the moment it is born, should be removed beyond the influence of the reeking atmosphere and corrupt exhalations about the mother's person. Not only does a place outside the bed-covering give much greater facility for the establishment of natural breathing, but, in case of absent or suspended respiration, affords opportunity to appreciate needs and apply remedies.

As a matter of safety, convenience, and cleanliness, I have for some time adopted the following method: Immediately after the child is born, the cord being left entire, I take it upon the palms of my two hands, the head and shoulders lying upon the left, the loins and breech upon the right, or *vice versa*, and pass it to those of the nurse similarly placed, but covered by a blanket. If it cry, or give other unequivocal evidence of proper breathing, I place the ligatures about the cord, divide it, gather the folds of the blanket about it, and send it away. If it be flaccid, pale, or purple, and give no signs of breathing, I take it again upon my own hands, and balancing it upon the palms, waft it gently to and fro. This gives it the benefit of a current of fresh air upon its surface, while, at the same time, the muscles of the trunk, thrown into action by the rise and fall of the extremities, contribute to raise the ribs and to contract the diaphragm. At all events, whatever the *rationale*, the child, except in the worst cases of asphyxia and syncope, at once gasps or cries, and respiration is established. In a few cases the entire resuscitation may occupy a much longer period, and the sudden and momentary application of cold to the chest may be used as a coöperative measure.

As a practical result of the method described, I may add that of one hundred and fifty infants, born consecutively under my superintendence, many of whom were in a state of syncope or asphyxia, complete respiration was established in all, save one, which death had taken place at some time antecedent to birth.

I refer to the old methods to condemn:

1st. Attempts at artificial respiration, by expiring the human breath into the mouth of the still-born, fail, from the air not reaching the lungs, or, if it enter, from its irrespirable quality.

2d. The warm bath destroys the already depressed vitality by its powerful sedation.

3d. Pressure upon the chest drives out what air may be in the lungs, without being succeeded by a greater volume.

E. T. BLACKWELL, M. D.

Stephensburg, N. J.

MASSACHUSETTS CORRESPONDENCE.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT DIPHTHERIA—STATE ALMSHOUSE AT MONSON, ETC.

East Bridgewater, Mass., Feb, 14th, 1861.

MESSRS. EDITORS:—The Boston Society for Medical Improvement held a meeting on last Thursday evening. Drs. MINOT, AINSWORTH, and FIFIELD, reported several cases of diphtheria.

Dr. JACKSON read a very interesting and valuable paper on "The Causes of Death by the Inhalation of Chloroform."

Dr. AINSWORTH reported a case of a child poisoned by sucking a *green* concert ticket. The poisonous effects were due to the arsenite of copper contained in the coloring, commonly known as "Scheele's Green." This coloring substance is in common use in the manufacture of cards, fancy boxes, wall papers, etc. Many cases of poisoning by green wall paper have occurred during the past year with fatal results.

DIPHTHERIA.

Diphtheria seems to be spreading here with fearful rapidity. Since the middle of December last, twelve children, under the age of fifteen, have died from it in one small school district, within a circle of half a mile, in East Weymouth, Massachusetts.

STATE ALMSHOUSE AT MONSON, MASSACHUSETTS—OPHTHALMIA.

Medical Department.

The number of patients admitted into the hospital within the past year is,	490
Number of births,	16
" deaths,	45
Discharged,	385
Remaining in the hospital,	60

Causes of Death.

Apoplexy,	1	Marasmus,	6
Burn,	1	Measles,	1
Cancrum Oris,	1	Ovarian Tumor,	1
Cholera Infantum,	1	Phthisis,	11
Cirrhosis,	1	Pneumonia,	2
Congestion of Brain,	1	Rachitis,	1
Cyanosis,	1	Scarlatina,	1
Debility,	3	Scrofula,	1
Dentition,	1	Spine Disease,	2
Gangrene of Lungs,	1	Syphilis,	1
Hydrocephalus,	3	Tabes Mesenterica,	1
Jaundice,	2		

Beside the patients who have entered the hospital, many cases of temporary sickness have been treated outside of the wards.

OPHTHALMIA.

Two hundred and six cases of opthalmia have been admitted into the hospital. The physician reports that this disease was almost unknown in the institution last spring. It then made its appearance among children brought here from the State Alms-house at Bridgewater, and spread with such rapidity that in August there were over one hundred cases in the hospital. This number has been reduced, so that there are but twenty-two cases remaining.

Two cases of diphtheria occurred, neither terminating fatally.

But one surgical operation of importance has been performed during the year. Four fractures, and two gunpowder accidents occurred, without any serious result.

REPORT OF HOSPITAL OF STATE PRISON AT CHARLESTOWN, MASSACHUSETTS.

But four deaths, according to the report of the attending physician of the Massachusetts State Prison, at Charlestown, have occurred in that institution during the year. One of the convicts was found dead in his room, without previous illness, and of the remaining three, all of whom died of phthisis pulmonalis, two had the disease when they entered the prison.

Thomas C. Brown, colored, sentenced to the institution April 22d, 1859, for subornation of perjury, was found dead in his room, October 5th, 1859. He applied to the dispensary in the morning of the day of his death, stating that when he arose he was unable to raise his hand to his head, although he had recovered the use of it at that time. Some simple remedy was prescribed. He did not ask to be excused from his usual employment. In the evening he received a simple astringent and anodyne potion to check a diarrhœa which had taken place since morning. Half an hour after he was found dead. A post-mortem examination, conducted by Dr. Calvin Ellis, of Boston, revealed an enlarged aorta as the only disease or deviation from health. The deceased was forty years of age.

Charles E. Jones, convicted of murder, his sentence being commuted to imprisonment for life, was received into the prison January 11th, 1859. At that period he exhibited strong marks of phthisical predisposition. Confinement day and night in his cell, although one of the most favorable in the institution, developed tubercular disease, which was followed by repeated and profuse hemorrhage. He was admitted to the hospital December 18th, 1859, and died March 14th, 1860, aged twenty-three years.

Mitchell Hersey, sentenced to the State Prison, August 22d, 1844, for eighteen years, died May 9th, 1860, also a victim to phthisis pulmonalis.

John A. Driscoll entered the prison June 1st, 1860, wearing a poor, sickly, emaciated look. He was admitted to the hospital June 28th. Whisky, cod-liver oil, tonics, and a generous diet did not prevent a rapid decline. He died July 28th. An examination of his body confirmed the opinion previously entertained. A large cavity was found in the apex of the right lung, and the remaining portion of this, and much the larger part of the left lung was thickly studded with tubercles.

Dr. Bancroft reports that death from pulmonary consumption occurs more frequently in the prison than from all the other causes combined.

Although small-pox and varioloid prevailed in Charlestown, and vicinity, during the winter of 1859 and 1860, not a case of the disease occurred in the institution, owing, in a great measure, to the efforts of the attending physician.

STATE ALMSHOUSE AT TEWKSBURY.

Dr. J. Brown, physician to the State Alms House, at Tewksbury, Massachusetts, reports that no epidemic has visited the institution during the year, to cause extraordinary sickness. The whole number of cases of sickness, which have received medical treatment, has been twelve hundred and two; the average number on the sick list, one hundred and fifty-two—men, fifty-eight; women, thirty-eight; and children, fifty-six. The number of birth, sixty-six. Five-sixths of the children born were illegitimate. The number of deaths have been one hundred and forty-seven; a large portion of which were from among those who entered the almshouse diseased.

There is no medical news of importance here this week. M.

NEWS AND MISCELLANY.

A New Sanitary Association.—An eminent sanitarian of this city has projected the establishment of a local sanitary association for Philadelphia, and has been seconded by a number of those interested in sanitary matters. It is not intended to make the society a strictly medical institution, but is to be composed of those generally who are devoted to the study of sanitary science and its practical application to public hygiene. Notwithstanding the present high sanitary condition of the city, the great advantage to Philadelphia of such an organization, in which will be united the most eminent sanitarians of this country, will be admitted. Such societies exist in most of the European capitals, and also in Boston and New York. The project will, of course, meet at once with favor from the profession; and when its beneficent objects are understood, will be appreciated by the public, and have its due influence on the municipal administration.

Statistics of Insanity in Europe.—According to the most recent statistics, there is one insane person in every 1,200 of the population, in the different states of Germany. In France, a gross number, (according to some,) of 18,350, and, (according to others,) of from 30,000 to 32,000 lunatics, will yield, respectively, one insane person in 1,900 and one in 1,000. But still, in this estimate, there should be a division made between the smaller towns and those great centres of commercial industry where the relative proportion is always greater than in agricultural districts.* In England, the number of insane is greater than in France, and attains in Scotland the high ratio of one in 513. The statistics, indeed, of Dr. Mario Rubio, framed in 1848, put the North British figure at one in 417. The mean average of his calculation will be found to be one in 446 in the canton of Geneva, one in 550 in Norway, one in 816 in Belgium, one in 700 in England, one in 1,223 in Holland, one in 1,667 in Spain, one in 1,773 in France, (there being about 21,000 insane,) one in 2,125 in Ireland, one in 3,690 in Italy, one in 5,818 in all the Piedmontese possessions. For Russia, the average is still lower. In these statistics, where France, we think, should figure at a higher average, we meet with considerable and hitherto unexplained disproportions; since Scotland is rated at one in 417, whilst Piedmont only attains the level of one in 5,818. It is evident, that amongst the insane of the latter country are not included those degenerate beings termed *crétins*, whose terrible affliction is dependent upon the geological structure of the soil, and who people in great numbers the valleys of Martigny and Aosta, and the mountainous districts of the Alps. The same anomaly shows itself in various departments of France; since, if we estimate its average by the lunatics in the asylums of Saint-Yon and Quatre-Mares, the proportion for the Seine-Inférieure will be as one to 650 or 700 of the inhabitants.—*Morel's Traité des Maladies Mentales.*

Resident Physicians of the Philadelphia Hospital.—The Medical Board of the Philadelphia Hospital have passed a resolution recommending the term of service of the Residents to be changed from two years to eighteen months.

There will be five Resident Physicians appointed early in April, who will be chosen from a number recommended as most competent, after an examination by the Medical Board of the Hospital. The names of applicants should be sent to the Secretary of the Board of Guardians, Seventh street, below Arch.

New Medical College.—The *Amer. Med. Gazette* says that the medical staff of Bellevue Hospital, New York, are projecting a new medical college in that city, in connection with the hospital.

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*The average of the agricultural counties of England, (1857,) is 13.37 per 1,000; of the manufacturing counties, 26.40 per 1,000.

French Vivisections.—The practice of inflicting unnecessary cruelty to animals, in vivisections, for trifling illustrations, which prevails in Paris, is receiving severe condemnation. The Paris Society for the Prevention of Cruelty to Animals has the subject under consideration. The custom of exercising pupils in surgical manipulations by operating on horses is particularly censured. Sir Francis Head, in his recent work on "The Horse and his Rider," thus alludes to the subject:

"What a disgrace it is to France, and especially to her brave army, that, while every cavalry soldier who distinguishes himself in action, covered with medals and glory, may proudly end his days in the Hôtel des Invalides, the horse that carried him in all his brilliant charges, when he is worn out and unfit for service, is liable to be led into an arena in the heart of the empire, to be before the public, not honored nor rewarded, but inch by inch, and bit by bit, to be dissected alive, until by the last sigh from his lungs, and by the last pulsation from his heart, he ends his account with his inconsiderate, ungenerous, and ungrateful country."

A New Mode of Punishment has been adopted at the New York State Prison. The hair of criminals is closely shaven, except a tuft on the top of the head, which is called the "Japanese comb." The ridiculous appearance produced makes the prisoners consider it a severe punishment.

If the object of punishment is the reformation of criminals, we have but little faith in the ordinary methods of its administration in our prisons. Such punishments as the above, and the half-drowning process of the "shower bath," look more as if done by the jailors for amusement, or to satisfy a fondness for vindictive cruelty.

Long Incubation of Vaccination.—A correspondent writes to us:

"One year and a half ago, I vaccinated a little grandchild of mine, six months old. It did not work, and the three incisions made rapidly healed up. She has never been vaccinated since; but about five months ago, all three places became sore, and she had the true vaccine pock. Her father vaccinated several children from her, and it worked well in every case. I saw the child last week, and found the well-marked, characteristic cicatrices."

Insanity in China.—Dr. S. Wells Williams, Senior Vice-President of the Medical Missionary Society in China, and who has been for twenty years resident in that country, states to us that he has observed but two instances of insanity among the Chinese during this period. He has seen a greater number of idiots, but the class is by no means numerous.—*Journ. of Insanity.*

The Louisville Medical News closes its existence with the December number, which we have just received. The cause of death will be seen from the following closing editorial of Dr. Benson:

"*To Delinquent Subscribers.*—Gentlemen, your kindness has been our ruin—your favors, our destruction—your smiles, our tears—your approval, our bankruptcy. How rejoiced you must be, when you read this, our epitaph; and, with your Havana curling its grateful clouds above you, thank God that you yet outlive the storm. We envy not the digestion of your next meal; but were it shingle nails and crab cider, it should lie more easily upon your stomach, than the consciousness of your injustice, upon your memory.

"*To Subscribers Not in Arrears.*—Gentlemen, we desire to thank you for your promptitude, and express our deep regret that your numbers had not been greater."

We are sorry; the *News* was an excellent and high-toned journal.

Criminal Insane.—A State Asylum for the Criminal Insane, comprising 290 acres of land, and accommodations for 500 convicts, is about to be completed in England. The number of this class of persons has steadily increased for several years, until, at the beginning of the present year, not less than 731 were reported.—*Amer. Jour. of Insanity.*

Prospectus of an Obstetric Annual.—The undersigned proposes to issue on the first day of January of each year a volume of 400 to 600 pages, devoted exclusively to obstetrics and the diseases of women.

It will consist of a liberal exposé of everything new in relation to these important branches of medicine, as no pains or expense will be spared to extend inquiries into every field.

Subscription price—*payable invariably in advance*—four dollars per annum, or fifteen dollars for four subscribers. The work will be commenced on the cash principle only, and the patronage of the real friends of medical literature is respectfully solicited. Early remittances are asked, in order that it may be ascertained whether the expense of the undertaking will be met. Patrons may rely on it, that with each year improvments as to size, etc., will be instituted to the fullest extent warranted, as the object is not to erect a money-making machine, but to exalt and improve a most neglected branch of medicine.

All editors of medical journals are respectfully solicited to exchange from this date, in order that all proper facilities may be thrown in my way.

All exchanges, subscriptions, and communications of every kind, to be directed to

D. Warren Brickell, M. D.,
Box 346, Post Office,
New Orleans.

N. B.—All editors of medical journals are solicited to insert the foregoing.

Answers to Correspondents.

J. O'B., M. D, asks the following questions:

1. Do facts prove the possibility of pregnancy following a rape?

2. What is the prevailing opinion among writers on medical jurisprudence, physiologists?

Ad. 1. The first question must be answered most decidedly and unequivocally in the affirmative. Facts do not only prove the *possibility*, but show a great *frequency* of conception and pregnancy during and after rape.

Ad. 2. Authors, both forensic and physiological, are unanimous in answering the question as *sub.* 1.

Dr. J. F. Archbald, Pa.—Send in your case of resection of the radius; it may possess features of general interest.

Dr. E T. B., N. J.—We think you have proved pretty conclusively that there are *three* "screws loose!" You are credited to Jan. 1, 1862. Hodge on Women was sent by mail prepaid. We take it for granted that it was received.

COMMUNICATIONS RECEIVED.

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